

COLLECTION AGENCY MAGNETIC TAPE/EFT FORMATS

Department of Education

Federal Student Aid Program

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COLLECTION AGENCY MAGNETIC TAPE/EFT FORMATS

SECTION 1. GENERAL INFORMATION**1.1. PURPOSE**

The purpose of this document is to provide specifications for creating files on electronic media by the Collection Agencies (CAs) for the Department of Education (ED) and to specify the contents of files created by ED for the CAs.

1.2. REFERENCES

- o Contract #PM920010-01
- o Task Order #36 Release 3 and Task Order #21 Work Orders #113 and #118
- o Task Order #42
- o GPCC #980265
- o Task Order #69
- o Task Order #65
- o GPCC #020109
- o GPCC #040137 and #050032

1.3. ACRONYMS

| | |
|---------|--|
| A/N | Alphanumeric |
| AWG | Administrative Wage Garnishment |
| BLKSIZE | Block Size |
| BPI | Bytes Per Inch |
| CA | Collection Agency |
| DMCS | Debt Management and Collection System |
| EBCDIC | Extended Binary Coded Decimal Interchange Code |
| ED | Department of Education |
| EFT | Electronic File Transfer |
| FIN | Federal Identification Number |
| IAN | Individual Account Number |
| LRECL | Logical Record Length |
| NUM | Numeric |

GENERAL INFORMATION

| | |
|--------|--------------------------------|
| P | Packed Decimal |
| PIF | Paid In Full |
| SLPC | Student Loan Processing Center |
| SSN | Social Security Number |
| TOP | Treasury Offset Program |
| USPS | United States Postal Service |
| VOLSER | Volume Serial Number |
| WO | Write Off |

1.4. FILE TRANSMITTAL FORMS

Every magnetic tape submitted to ED must be accompanied by a transmittal form. A similar form will accompany magnetic tapes sent to the CAs.

Figure 1 depicts an EFT/Tape Transmittal Form from the CA to the Student Loan Processing Center (SLPC) for account returns only.

Figure 2 shows a Tape Transmittal Form from the CA to the SLPC for all files except account returns.

Figure 3 illustrates the Return Letter that accompanies magnetic tapes that are returned to the CA due to processing errors.

For specifics on the handling of EFT files to and from ED, see the Collection Agency Reporting Electronic File Transfer User Manual (D-CAR-000-3).

1.5. FILE SUBMISSION FREQUENCY TO ED

| TYPE | FREQUENCY | MAXIMUM # OF RECORDS PER FILE TRANSMISSION |
|-----------------------------|--------------|---|
| Account Billing Update File | Weekly | 10,000 |
| Account Return File | Weekly | 15,000 |
| Account Update File | Daily/Weekly | 30,000 |
| AWG Update File | Weekly | 10,000 |
| Mailed Letters File | Daily | 60,000 |
| Returned Letters File | Daily | 60,000 |

COLLECTION AGENCY MAGNETIC TAPE/EFT FORMATS

1.6. FILE PROCESSING

All files submitted must conform exactly to this document. **IF FILES ARE UNPROCESSABLE, THEY WILL BE RETURNED TO THE SUBMITTING CA FOR CORRECTION AND REPLACEMENT.**

1.7. FILES CREATED BY ED

| TYPE | FREQUENCY | MEDIUM |
|------------------------|---------------|--------|
| Account Adjustment | Weekly | EFT |
| Account Recall | Weekly | EFT |
| Account Transfer | Bi-Monthly | Tape |
| Address Extract | Monthly | EFT |
| Financial Transactions | Weekly | EFT |
| Monthly Inventory | Monthly (N/A) | Tape |
| AWG Extract | Monthly | EFT |

GENERAL INFORMATION

TAPE/EFT TRANSMITTAL FORM

TO: EFT PROCESSING AREA
U.S. DEPARTMENT OF EDUCATION
FAX: (903) 408-4595

CREATION DATE:

TAPE NUMBER OF VOLSER
SHOULD EQUAL INTERNAL LABEL:

DATA SET NAME: GSL CARRET **AGENCY NO:** _____

TYPE OF RECORDS ON TAPE/EFT: (Circle type of Tape/EFT Submitted)
BAN BNK CAN DEA INC INW INA/UNL CPR/PIF/CER

SIGNATURE & DATE OF ED REGIONAL CONTRACT MONITOR:

EFT APPROVED:_____ EFT REJECTED:_____

OF RECORDS:

STANDARD LABEL:

LRECL:

BLOCK SIZE:

BPI:

RETURN EFT TO:

CONTACT PERSON: _____

TELEPHONE NUMBER: _____

FAX: _____

Revised 11/2004

DO NOT ALTER OR REVISE THIS FORM

Figure 1 - Tape/EFT Transmittal Form (Account Returns Only)

COLLECTION AGENCY MAGNETIC TAPE/EFT FORMATS

TAPE TRANSMITTAL FORM**TO:****U.S. DEPARTMENT OF EDUCATION
STUDENT LOAN PROCESSING CENTER**

CREATION DATE:

TAPE NUMBER OR VOLSER:

DATA SET NAME:

OF RECORDS:

STANDARD LABEL:

LRECL:

BLOCK SIZE:

RETURN TAPE TO:

Figure 2 - Tape Transmittal Form (All Files Other Than Account Returns)
UNITED STATES DEPARTMENT OF EDUCATION

MAGNETIC TAPE/EFT FILE SPECIFICATIONS

WASHINGTON, D.C. 20202

MEMORANDUM

DATE: _____

TO: Collection Agency Contractor

FROM: U. S. Department of Education
Student Loan Processing Center
P. O. Box 4133
Greenville, Texas 75403-4133

SUBJECT: Collection Agency Tape Return(s)

Enclosed are _____ tape(s) submitted by your agency for processing by the Department of Education. The tape(s) are:

VOLSER A. _____ B. _____ C. _____ D. _____

TAPE(S) WAS/WERE:

_____ Processed Successfully With No Errors.

_____ Processed. However, A Number Of Records Were Rejected. See Enclosed Report(s) For Error Messages.

_____ Not Processed For The Following:

_____ Wrong Record Length

_____ No Transmittal Memorandum

Invalid

_____ DATA SET NAMES

_____ BLOCK SIZE

_____ HEADER RECORD

OTHER:

IF THERE ARE ANY QUESTIONS, PLEASE CALL THE CUSTOMER SERVICE DESK AT 1-800-435-7709.

ENCLOSURE: Tape(s) _____
Report(s) _____

Figure 3 - Return Letter

COLLECTION AGENCY MAGNETIC TAPE/EFT FORMATS

SECTION 2. MAGNETIC TAPE/EFT FILE SPECIFICATIONS**2.1. GENERAL INFORMATION**

The following magnetic tape/EFT file specifications define the required format and record contents to be included in the file.

All magnetic tape/EFT files must meet the following specifications:

- o Must contain Header and Trailer records.
- o Must be in character format, not non-character hexadecimal, except for packed decimal fields.
- o All dates must be valid and in CCYYMMDD format.
- o All numeric fields must be right justified, zero filled.
- o All alphanumeric fields must be left justified, space filled.
- o All A/N alphabetic character fields must be UPPERCASE letters only.
- o All amount fields are dollars and cents.

All magnetic tapes must be an IBM 3480 cartridge tape or an IBM 3420 reel tape with a density of 1600 or 6250 BPI (6250 BPI is preferred).

2.1.1. CA File Specifications

The logical record length (LRECL) and block size (BLKSIZE) for CA files (sent from the CAs to ED) are shown in the following table. The BLKSIZE applies only to magnetic tapes.

MAGNETIC TAPE/EFT FILE SPECIFICATIONS

| FILE | LRECL | BLKSIZE |
|--|-------|---------|
| Collection Agency Account Billing Update | 93 | 7440 |
| Collection Agency Account Return | 80 | 6400 |
| Collection Agency Account Update | 250 | 12500 |
| Collection Agency AWG Update | 285 | 27930 |
| Mailed Letters File | 250 | 32500 |
| Returned Letters File | 250 | 32500 |

2.1.2. ED File Specifications

The LRECL and BLKSIZE for ED files (sent from ED to the CAs) are shown in the following table. The BLKSIZE applies only to magnetic tapes.

| FILE | LRECL | BLKSIZE |
|---|-------|---------|
| Collection Agency Account Adjustment - Account and Debt Record Types | 572 | 32604 |
| Collection Agency Account Recall | 80 | 6400 |
| Collection Agency Account Transfer - Account, Debt, Payment, and Reference Record Types | 572 | 32604 |
| Collection Agency Address Extract | 204 | 20400 |
| Collection Agency Financial Transactions | 107 | 32742 |
| Collection Agency Monthly Inventory | 197 | 32702 |
| Collection Agency AWG Extract | 506 | 27830 |
| Collection Agency Account Reassignments - Account and Debt Record Types | 572 | 27456 |

In the following sections, information is provided on the maximum file size and the frequency for file submissions. File submissions are processed on a first come/first serve basis, as permitted by the DMCS production batch schedule. Submitting files more frequently than what is specified in this document will delay file processing. Submitting file sizes above what is specified in this document will cause the files to be rejected.

COLLECTION AGENCY MAGNETIC TAPE/EFT FORMATS

2.2. COLLECTION AGENCY HEADER/TRAILER RECORDS

These records apply to files sent both to and from CAs.

2.2.1. Collection Agency Standard Header Record - Magnetic Tape Format

| <u>Position</u> | <u>Field Title</u> | <u>Length</u> | <u>Mode</u> | <u>Description and Remarks</u> |
|-----------------|---------------------------------|---------------|-------------|---|
| 1-3 | Header Indicator | 3 | A/N | REQUIRED. Constant 'HDR'. |
| 4-5 | Collection Agency Region Code | 2 | A/N | REQUIRED. ED Regional Office code for the collection agency. Valid code is 04 = Atlanta. |
| 6-10 | Collection Agency Location Code | 5 | A/N | REQUIRED. Collection Agency location code. Format AGnnn. |
| 11-16 | Volume Serial Number | 6 | A/N | REQUIRED. Tape volume serial number. Format XXXXXX. |
| 17-24 | Tape Creation Date | 8 | A/N | REQUIRED. Date the tape was created. Format CCYYMMDD. |
| 25-nnn | Filler | nnn | A/N | REQUIRED. Space fill. NOTE: The length of this filler depends upon the record length of the file being processed. |

MAGNETIC TAPE/EFT FILE SPECIFICATIONS

2.2.2. Collection Agency Standard Trailer Record - Magnetic Tape Format

| <u>Position</u> | <u>Field Title</u> | <u>Length</u> | <u>Mode</u> | <u>Description and Remarks</u> |
|-----------------|---------------------------------|---------------|-------------|---|
| 1-3 | Trailer Indicator | 3 | A/N | REQUIRED. Constant 'TLR'. |
| 4-5 | Collection Agency Region Code | 2 | A/N | REQUIRED. ED Regional Office code for the collection agency. Valid code is 04 = Atlanta. |
| 6-10 | Collection Agency Location Code | 5 | A/N | REQUIRED. Collection Agency location code. Format AGnnn. |
| 11-19 | Total Record Count | 9 | NUM | REQUIRED. Total number of detail records contained on the tape, excluding header and trailer. For Account Transfer, this is the total number of accounts on the file. Format 999999999. |
| 20-nnn | Filler | nnn | A/N | REQUIRED. Space fill. NOTE: The length of this filler depends upon the record length of the file being processed. |

COLLECTION AGENCY MAGNETIC TAPE/EFT FORMATS

2.2.3. Collection Agency EFT Header Record - EFT Format

NOTE: See the Collection Agency Reporting Electronic Transfer User Manual (D-CAR-000-3) for more detailed information concerning the EFT header record field contents.

| <u>Position</u> | <u>Field Title</u> | <u>Length</u> | <u>Mode</u> | <u>Description and Remarks</u> |
|-----------------|------------------------------|---------------|-------------|---|
| 1-4 | Header Indicator | 4 | A/N | REQUIRED. Constant 'THDR'. |
| 5-7 | Collection Agency Identifier | 3 | NUM | REQUIRED. Number assigned by ED to identify the collection agency. Format 999. |
| 8-11 | Transmission Number | 4 | NUM | REQUIRED. EFT transmission number. Format 9999. |
| 12-13 | Record Type | 2 | NUM | REQUIRED. EFT record type. Format 99. |
| 14-17 | Record Size | 4 | NUM | REQUIRED. The logical length of the record. Format 9999. |
| 18-nnn | Filler | nnn | A/N | REQUIRED. Space fill. NOTE: The length of this filler depends upon the record length of the file being processed. |

MAGNETIC TAPE/EFT FILE SPECIFICATIONS

2.2.4. Collection Agency EFT Trailer Record - EFT Format

NOTE: See the Collection Agency Reporting Electronic Transfer User Manual (D-CAR-000-3) for more detailed information concerning the EFT trailer record field contents.

| <u>Position</u> | <u>Field Title</u> | <u>Length</u> | <u>Mode</u> | <u>Description and Remarks</u> |
|-----------------|------------------------------|---------------|-------------|---|
| 1-4 | Trailer Indicator | 4 | A/N | REQUIRED. Constant 'TTLR'. |
| 5-7 | Collection Agency Identifier | 3 | NUM | REQUIRED. Number assigned by ED to identify the collection agency. Format 999. |
| 8-11 | Transmission Number | 4 | NUM | REQUIRED. EFT transmission number. Format 9999. |
| 12-13 | Record Type | 2 | NUM | REQUIRED. EFT record type. Format 99. |
| 14-17 | Record Size | 4 | NUM | REQUIRED. The logical length of the record. Format 9999. |
| 18-26 | Record Count | 9 | NUM | REQUIRED. The number of data records contained in the file. For Account Transfer, this is the total number of accounts on the file. Format 999999999. |
| 27-34 | Creation Date | 8 | A/N | REQUIRED. Date the file was created. Format CCYYMMDD. |
| 35-40 | Creation Time | 6 | NUM | REQUIRED. Time the file was created. Format HHMMSS. |

COLLECTION AGENCY MAGNETIC TAPE/EFT FORMATS

Collection Agency EFT Trailer Record - EFT Format (continued)

| <u>Position</u> | <u>Field Title</u> | <u>Length</u> | <u>Mode</u> | <u>Description and Remarks</u> |
|-----------------|--------------------|---------------|-------------|---|
| 41-52 | Hash Total | 12 | NUM | REQUIRED. Calculated total; number of certain data elements transmitted. Refer to Collection Agency Reporting EFT User Manual (D-CAR-000-3), item 3.1.4.9. Format 999999999999. |
| 53-nnn | Filler | nnn | A/N | REQUIRED. Space fill. NOTE: The length of this filler depends upon the record length of the file being processed. |

2.3. DATA EXCHANGE FROM COLLECTION AGENCIES
2.3.1. Collection Agency Account Billing Update File

This file is sent to ED from the CA and contains information which, when loaded onto the DMCS data base, generates bills to borrowers.

Maximum File Size: 10,000

Frequency: Weekly

| <u>Position</u> | <u>Field Title</u> | <u>Length</u> | <u>Mode</u> | <u>Description and Remarks</u> |
|-----------------|---------------------------------|---------------|-------------|---|
| 1-2 | Account Region Code | 2 | A/N | REQUIRED. ED Regional Office code for the account. Valid codes are: 04 = Atlanta 05 = Chicago 09 = San Francisco |
| 3-7 | Collection Agency Location Code | 5 | A/N | REQUIRED. Collection Agency location code for the Agency that owns the account. Format AGnnn. |
| 8 | Account Type | 1 | A/N | REQUIRED. Must be >S= or >E=. |
| 9-17 | Account Number | 9 | NUM | REQUIRED. The borrower's Social Security number. Format 999999999. |
| 18-37 | Last Name | 20 | A/N | REQUIRED. The borrower's last name. Left justify and blank fill. |
| 38-57 | First Name | 20 | A/N | REQUIRED. The borrower's first name. Left justify and space fill. |

COLLECTION AGENCY MAGNETIC TAPE/EFT FORMATS

Collection Agency Account Billing Update File (continued)

| <u>Position</u> | <u>Field Title</u> | <u>Length</u> | <u>Mode</u> | <u>Description and Remarks</u> |
|-----------------|--------------------|---------------|-------------|--|
| 58-77 | Middle Name | 20 | A/N | REQUIRED. The borrower's middle name, if applicable. Left justify and space fill. |
| 78-85 | Payment Due Date | 8 | A/N | OPTIONAL. The date the first payment is due. Format CCYYMMDD. Must be blank if Stop Bill Switch = Y. |
| 86-92 | Payment Amount | 7 | NUM | OPTIONAL. Whole dollar amount of payment. Format 9999999. DO NOT ENTER DECIMAL POINT. Must be blank if Stop Bill Switch = Y. |
| 93 | Stop Bill Switch | 1 | A/N | OPTIONAL. Flags account for removal from billing process. Valid codes are 'Y' or SPACE. |

NOTE: If the Stop Bill Switch = >Y=, then Payment Due Date and Payment Amount must be blank.

MAGNETIC TAPE/EFT FILE SPECIFICATIONS

2.3.2. Collection Agency Account Return File

This file is sent to ED from the CA and contains information on accounts that are being returned to ED. After processing, the DMCS data base will reflect that these accounts are owned by ED.

Maximum File Size: 15,000

Frequency: Weekly

| <u>Position</u> | <u>Field Title</u> | <u>Length</u> | <u>Mode</u> | <u>Description and Remarks</u> |
|-----------------|---------------------------------|---------------|-------------|--|
| 1-2 | Account Region Code | 2 | A/N | REQUIRED. ED Regional Office code for the account. Valid codes are: 04 = Atlanta 05 = Chicago 09 = San Francisco |
| 3-7 | Collection Agency Location Code | 5 | A/N | REQUIRED. Collection Agency location code for the agency that owns the account. Format AGnnn. |
| 8-10 | Return Reason Code | 3 | A/N | REQUIRED. Account return reason code. Valid codes are: BAN = Bankruptcy DIS = Disability DEA = Death LIT = Litigation PIF = Paid in Full UNL = Unlocateable UNE = Unenforceable WOM= Without Merit CPL = Complaint CPR = Compromise INA = Inability to Collect REQ = FSA Request |

COLLECTION AGENCY MAGNETIC TAPE/EFT FORMATS

Collection Agency Account Return File (continued)

| <u>Position</u> | <u>Field Title</u> | <u>Length</u> | <u>Mode</u> | <u>Description and Remarks</u> |
|-----------------|--------------------------|---------------|-------------|---|
| | | | | CER = Cost Exceeds Recovery CNS = Claim Not Substantiated CAN = Cancellation SUS = Suspended CLS = NDSL Closed School CSG = GSL Closed School Discharge BNK = Chapter 13 Bankruptcy INC = Incarcerated INW = Incarcerated Write-Off |
| 11-30 | Last Name | 20 | A/N | REQUIRED. The borrower's last name. Left justify and space fill. |
| 31-50 | First Name | 20 | A/N | REQUIRED. The borrower's first name. Left justify and space fill. |
| 51 | Account Type | 1 | A/N | REQUIRED. Must be >S= or >E=. |
| 52-60 | Account Number | 9 | NUM | REQUIRED. The borrower's Social Security number. Format 999999999. |
| 61-65 | Account Collector Number | 5 | A/N | OPTIONAL. Account collector number. |
| 66-73 | Return Date | 8 | A/N | OPTIONAL. Account return date. Format CCYYMMDD. |
| 74-80 | Filler | 7 | A/N | OPTIONAL. Space fill. |

MAGNETIC TAPE/EFT FILE SPECIFICATIONS

2.3.3. Collection Agency Account Update File

This file is sent to ED from the CA and contains information to update accounts on the DMCS data base.

Maximum File Size: 30,000

Frequency: Daily/Weekly

| <u>Position</u> | <u>Field Title</u> | <u>Length</u> | <u>Mode</u> | <u>Description and Remarks</u> |
|-----------------|--------------------|---------------|-------------|--|
| 1 | Data Type | 1 | A/N | REQUIRED. Type of data record. Valid codes are: A = account R = collector reference data |
| 2 | Account Type | 1 | A/N | REQUIRED. Must be >S= or >E=. |
| 3-11 | Account Number | 9 | NUM | REQUIRED. The borrower=s Social Security number. Format 999999999. |
| 12-31 | Last Name | 20 | A/N | OPTIONAL. The borrower's last name. Left justify and space fill. |
| 32-51 | First Name | | 20 | A/N OPTIONAL. The borrower's first name. Left justify and space fill. |
| 52-71 | Middle Name | 20 | A/N | OPTIONAL. The borrower's middle name, if applicable. Left justify and space fill. |
| 72-111 | Address Line 1 | 40 | A/N | OPTIONAL. The street address of the borrower. Left justify and space fill. NOTE: Address Line 1 is REQUIRED for address updates. |

COLLECTION AGENCY MAGNETIC TAPE/EFT FORMATS

Collection Agency Account Update File (continued)

| <u>Position</u> | <u>Field Title</u> | <u>Length</u> | <u>Mode</u> | <u>Description and Remarks</u> |
|-----------------|--------------------|---------------|-------------|---|
| | | | | If either Address Line 1 or Address Line 2 is present, then City/State/Zip Code are REQUIRED. |
| 112-151 | Address Line 2 | 40 | A/N | OPTIONAL. Additional address information for the borrower. Left justify and space fill. |
| | | | | If either Address Line 1 or Address Line 2 is present, then City/State/Zip Code are REQUIRED. |
| 152-181 | City | 30 | A/N | OPTIONAL. The city of the borrower. Left justify and space fill. |
| | | | | If either Address Line 1 or Address Line 2 is present, then City/State/Zip Code are REQUIRED. |
| 182-183 | State | 2 | A/N | OPTIONAL. The two-character USPS state abbreviation of the borrower. |
| | | | | If either Address Line 1 or Address Line 2 is present, then City/State/Zip Code are REQUIRED. |
| 184-192 | Zip Code | 9 | A/N | OPTIONAL. The zip code of the borrower. |

MAGNETIC TAPE/EFT FILE SPECIFICATIONS

Collection Agency Account Update File (continued)

| <u>Position</u> | <u>Field Title</u> | <u>Length</u> | <u>Mode</u> | <u>Description and Remarks</u> |
|-----------------|--------------------|---------------|-------------|--|
| | | | | If either Address Line 1 or Address Line 2 is present, then City/State/Zip Code are REQUIRED. |
| 193-202 | Home Phone | 10 | A/N | OPTIONAL. The borrower's home area code and telephone number. REQUIRED when any address update is made. |
| 203-212 | Work Phone | 10 | A/N | OPTIONAL. The borrower's work area code and telephone number. REQUIRED when any address update is made. |
| 213-215 | Reference Type | 3 | A/N | OPTIONAL. The collector reference type. Valid codes are: COS = Cosigner EMP = Employer FRI = Friend OTH = Other PAR = Parent REL = Relative If Data Type = 'R', then Reference Type is REQUIRED. If Data Type = 'A', then Reference Type is ignored. |
| 216-250 | Filler | 35 | A/N | REQUIRED. Space fill. |

COLLECTION AGENCY MAGNETIC TAPE/EFT FORMATS

2.3.4. Collection Agency AWG Update File

This file is sent to ED from the CA and contains information to update the AWG area for accounts on the DMCS data base.

Maximum File Size: 10,000

Frequency: Weekly

| <u>Position</u> | <u>Field Title</u> | <u>Length</u> | <u>Mode</u> | <u>Description and Remarks</u> |
|-----------------|----------------------|---------------|-------------|--|
| 1 | Type of Record | 1 | A/N | REQUIRED. Record type flag. Valid types are: M = modify A = add |
| 2-10 | Account Number | 9 | A/N | REQUIRED. The borrower=s Social Security number. Format 999999999. |
| 11-13 | Current Status | 3 | A/N | REQUIRED if type of record = >M=. The borrower=s current debt status code on the contractor=s mainframe. |
| 14-16 | Modified Status Code | 3 | A/N | REQUIRED if type of record = >M=. Not referenced if type of record = >A=. This is the new status that will be applied to this debt. Valid codes are: AWG = administrative wage garnishment FOR = force GAR = garnishment HR1 = hearing decision overruled HR2 = hearing decision sustained HR3 = hardship agreement decision HSF = hardship forms sent LEX = legal exclusion |

MAGNETIC TAPE/EFT FILE SPECIFICATIONS

Collection Agency AWG Update File (continued)

| <u>Position</u> | <u>Field Title</u> | <u>Length</u> | <u>Mode</u> | <u>Description and Remarks</u> |
|-----------------|---------------------|---------------|-------------|---|
| | | | | NLE = no longer employed SHR = schedule hearing SWG = stop wage garnishment THR = timely hearing requested VPY = voluntary payment WG1 = first letter was sent to the borrower |
| 17-32 | Debt ID | 16 | A/N | REQUIRED. This is a debt ID for the account. To add an account to AWG, specify the debt ID (or debt IDs on multiple records). To add a new debt to an account already in AWG, specify the debt ID. To modify AWG information, specify the debt ID (for status change) or a debt ID (for other changes). |
| 33-40 | Employment End Date | 8 | A/N | OPTIONAL. The date the borrower stopped working at the current employer. If the modified status code = >NLE=, prior dates and the current date are accepted, or the current date is used. Format CCYYMMDD. |
| 41 | Payment Mode | 1 | A/N | OPTIONAL. The borrower's current account payment mode. Valid codes are: F = fixed (default) V = variable |

COLLECTION AGENCY MAGNETIC TAPE/EFT FORMATS

Collection Agency AWG Update File (continued)

| <u>Position</u> | <u>Field Title</u> | <u>Length</u> | <u>Mode</u> | <u>Description and Remarks</u> |
|-----------------|--|---------------|-------------|---|
| 42 | Payment Schedule | 1 | A/N | <p>OPTIONAL. The borrower=s payment schedule. Valid codes are:</p> <p>W = weekly B = bi-weekly M = monthly S = semi-monthly Q = quarterly Blank = not available</p> |
| 43-55 | Payment Amount | 13 | NUM | <p>The amount expected to be received for each payment. Defaults to zero if type of record = >A= or >M=. Required if modified status code = >VPY= or >HR3'. Format 999999999999V99.</p> |
| 56-68 | Employer Federal Identification Number (FIN) | 13 | A/N | <p>OPTIONAL. If no FIN is supplied, the system generates one with a prefix of >P=. Format >E= or >P= plus a nine-digit number plus a three-digit number or all zeros. Left justify.</p> |
| 69-113 | Employer Company Name | 45 | A/N | <p>REQUIRED if type of record = >A= and a new account is being added to AWG. The current employer=s company name. Left justify and space fill.</p> |
| 114-153 | Employer Address Line 1 | 40 | A/N | <p>REQUIRED if type of record = >A= and a new account is being added to AWG. The current employer=s street</p> |

MAGNETIC TAPE/EFT FILE SPECIFICATIONS

address. Left justify and space
fill.

COLLECTION AGENCY MAGNETIC TAPE/EFT FORMATS

Collection Agency AWG Update File (continued)

| <u>Position</u> | <u>Field Title</u> | <u>Length</u> | <u>Mode</u> | <u>Description and Remarks</u> |
|-----------------|-------------------------|---------------|-------------|--|
| 154-193 | Employer Address Line 2 | 40 | A/N | REQUIRED if type of record = >A= and only if employer address line 1 was not supplied. The employer=s additional address information. Left justify and space fill. |
| 194-218 | Employer City | 25 | A/N | REQUIRED if type of record = >A= and a new account is being added to AWG. The current employer=s city. Left justify and space fill. |
| 219-220 | Employer State | 2 | A/N | REQUIRED if type of record = >A= and a new account is being added to AWG. The current employer=s two-character USPS state abbreviation. |
| 221-229 | Employer Zip Code | 9 | A/N | REQUIRED if type of record = >A= and a new account is being added to AWG. The current employer=s zip code. Left justify and space fill. |
| 230-264 | Employer Contact Name | 35 | A/N | OPTIONAL. Name of the individual that should be contacted if payments are not received as expected. Left justify and space fill. Defaults to spaces. |
| 265-274 | Employer Phone | 10 | A/N | OPTIONAL. The contact=s area code and telephone number. Left justify and space fill. Defaults to zero. |

MAGNETIC TAPE/EFT FILE SPECIFICATIONS

Collection Agency AWG Update File (continued)

| <u>Position</u> | <u>Field Title</u> | <u>Length</u> | <u>Mode</u> | <u>Description and Remarks</u> |
|-----------------|-----------------------|---------------|-------------|---|
| 275-284 | Employer Fax | 10 | A/N | OPTIONAL. The contact=s area code and fax number. Left justify and space fill. Defaults to zero. |
| 285 | Employer Address Type | 1 | A/N | OPTIONAL. Employer=s type of address. Valid codes are: H = headquarters P = employer=s payroll office W = work location of debtor Blank = unknown (default) |

COLLECTION AGENCY MAGNETIC TAPE/EFT FORMATS

2.3.5. Collection Agency Mailed Letters File

This file is sent to the Department of Education (ED) from the collection agency (CA) and contains information on letters sent to borrowers by the CA.

Maximum File Size: 60,000

Frequency: Daily

| <u>Position</u> | <u>Field Title</u> | <u>Length</u> | <u>Mode</u> | <u>Description and Remarks</u> |
|-----------------|---------------------------------|---------------|-------------|--|
| 1-2 | Account Region Code | 2 | A/N | REQUIRED. ED Regional Office code for the account. Valid codes are: 04 = Atlanta 05 = Chicago 09 = San Francisco. |
| 3-7 | Collection Agency Location Code | 5 | A/N | REQUIRED. Collection Agency location code for the agency that owns the account. Format AGnnn. |
| 8 | Account Type | 1 | A/N | REQUIRED. Must be >S= or >E=. |
| 9-17 | Account Number | 9 | NUM | REQUIRED. The borrower's Social Security number. Format 999999999. |
| 18-20 | Letter Type Code | 3 | A/N | REQUIRED. Valid letter type code as assigned by ED. Format NNA. Refer to Appendix A for valid Letter Type Codes. |
| 21-28 | Letter Sent Date | 8 | A/N | REQUIRED. Date letter sent. Format CCYYMMDD. |

MAGNETIC TAPE/EFT FILE SPECIFICATIONS

Collection Agency Mailed Letters File (continued)

| <u>Position</u> | <u>Field Title</u> | <u>Length</u> | <u>Mode</u> | <u>Description and Remarks</u> |
|-----------------|--------------------|---------------|-------------|---|
| 29-48 | Last Name | 20 | A/N | REQUIRED. The addressee's last name. Left justify and space fill. |
| 49-68 | First Name | 20 | A/N | REQUIRED. The addressee's first name. Left justify and space fill. |
| 69-88 | Middle Name | 20 | A/N | OPTIONAL. The addressee's middle name, if available. Left justify and space fill. |
| 89 | Filler | 1 | | Blank. |
| 90-129 | Address Line 1 | 40 | A/N | REQUIRED. The street address on the letter. Left justify and space fill. |
| 130-169 | Address Line 2 | 40 | A/N | OPTIONAL. Additional street address information. Left justify and space fill. |
| 170-199 | City | 30 | A/N | REQUIRED. The city to which the letter is sent. Left justify and space fill. |
| 200-201 | State | 2 | A/N | REQUIRED. The two character USPS abbreviation of the state. |
| 202-210 | Zip Code | 9 | A/N | REQUIRED. The zip code to which the letter is sent. |
| 211-250 | Filler | 40 | | Spaces. |

COLLECTION AGENCY MAGNETIC TAPE/EFT FORMATS

2.3.6. Collection Agency Returned Letters File

This file is sent to the Department of Education (ED) from the collection agency (CA) and contains information on letters sent by the CA and returned by the post office as undeliverable.

Maximum File Size: 60,000

Frequency: Daily

| <u>Position</u> | <u>Field Title</u> | <u>Length</u> | <u>Mode</u> | <u>Description and Remarks</u> |
|-----------------|---------------------------------|---------------|-------------|--|
| 1-2 | Account Region Code | 2 | A/N | REQUIRED. ED Regional Office code for the account. Valid codes are: 04 = Atlanta 05 = Chicago 09 = San Francisco. |
| 3-7 | Collection Agency Location Code | 5 | A/N | REQUIRED. Collection Agency location code for the agency that owns the account. Format AGnnn. |
| 8 | Account Type | 1 | A/N | REQUIRED. Must be >S= or >E=. |
| 9-17 | Account Number | 9 | NUM | REQUIRED. The borrower=s Social Security number. Format 999999999. |
| 18-20 | Letter Type Code | 3 | A/N | REQUIRED. The letter type that was sent. |
| 21-28 | Letter Sent Date | 8 | A/N | REQUIRED. Date letter was sent. Format CCYYMMDD. |
| 29-48 | Last Name | 20 | A/N | REQUIRED. The addressee's last name. Left justify and space fill. |

MAGNETIC TAPE/EFT FILE SPECIFICATIONS

Collection Agency Returned Letters File (continued)

| <u>Position</u> | <u>Field Title</u> | <u>Length</u> | <u>Mode</u> | <u>Description and Remarks</u> |
|-----------------|--------------------|---------------|-------------|---|
| 49-68 | First Name | 20 | A/N | REQUIRED. The addressee's first name. Left justify and space fill. |
| 69-88 | Middle Name | 20 | A/N | OPTIONAL. The addressee's middle name, if available. Left justify and space fill. |
| 89 | Return Indicator | 1 | | REQUIRED. Must be AU.≡ |
| 90-129 | Address Line 1 | 40 | A/N | REQUIRED. The street address on the letter. Left justify and space fill. |
| 130-169 | Address Line 2 | 40 | A/N | OPTIONAL. Additional street address information. Left justify and space fill. |
| 170-199 | City | 30 | A/N | REQUIRED. The city to which the letter was sent. Left justify and space fill. |
| 200-201 | State | 2 | A/N | REQUIRED. The two character USPS abbreviation of the state. |
| 202-210 | Zip Code | 9 | A/N | REQUIRED. The zip code to which the letter was sent. |
| 211-250 | Filler | 40 | | Spaces. |

COLLECTION AGENCY MAGNETIC TAPE/EFT FORMATS

2.4. DATA EXCHANGE TO COLLECTION AGENCIES**2.4.1. Collection Agency Account Adjustment File**

This file is sent to the CA from ED to update the accounts that the agency has on its computer, primarily when a debt has been added to an account. The file comprises two different record types - the account record and the debt record.

Frequency: Weekly

| <u>Position</u> | <u>Field Title</u> | <u>Length</u> | <u>Mode</u> | <u>Description and Remarks</u> |
|----------------------------|---------------------------------|---------------|-------------|--|
| Account Record Type | | | | |
| 1 | Record Type | 1 | A/N | Valid code is >A= which indicates a primary account record type. |
| 2-3 | Account Region Code | 2 | A/N | ED Regional Office code for the account. Valid codes are: 04 = Atlanta 05 = Chicago 09 = San Francisco. |
| 4-8 | Collection Agency Location Code | 5 | A/N | Collection Agency location code. Format AGnnn. |
| 9 | Account Type | 1 | A/N | Primary account type; valid codes are >S= or >E=. |
| 10-18 | Account Number | 9 | NUM | The primary account number (a valid Social Security number). Format 999999999. |
| 19-32 | Filler | 14 | A/N | Spaces. |
| 33-52 | Last Name | 20 | A/N | The account owner's last name. |

MAGNETIC TAPE/EFT FILE SPECIFICATIONS

Collection Agency Account Adjustment File - Account Record Type (continued)

| <u>Position</u> | <u>Field Title</u> | <u>Length</u> | <u>Mode</u> | <u>Description and Remarks</u> |
|-----------------|--------------------|---------------|-------------|--|
| 53-72 | First Name | 20 | A/N | The account owner's first name. |
| 73-92 | Middle Name | 20 | A/N | The account owner's middle name, if applicable. |
| 93-112 | Previous Name | 20 | A/N | The account owner's previous name, if applicable. |
| 113-152 | Street | 40 | A/N | The street address of the account owner. |
| 153-182 | City | 30 | A/N | The city of the account owner. |
| 183-184 | State | 2 | A/N | The two-character USPS state abbreviation of the account owner. |
| 185-193 | Zip Code | 9 | A/N | The zip code of the account owner. |
| 194-195 | Address Source | 2 | A/N | Subsystem providing address information fields. Valid codes are: |

Blank = Unknown
03 = New Debts - Bad Address
10 = COMNET
20 = New Debts Load
30 = Audit
40 = HQ File Maintenance
45 = No IRS Match
46 = IRS Match (Alternate)
47 = IRS Current Match
48 = TOP
50 = ED Collector or NPC
55 = FMS/Treasury Collection Pilot

COLLECTION AGENCY MAGNETIC TAPE/EFT FORMATS

Collection Agency Account Adjustment File - Account Record Type (continued)

| <u>Position</u> | <u>Field Title</u> | <u>Length</u> | <u>Mode</u> | <u>Description and Remarks</u> |
|-----------------|---------------------------------|---------------|-------------|--|
| | | | | 70 = Collection Agency or Collection Contractor |
| | | | | 75 = USPS Address Change Service |
| 196 | Address Status | 1 | A/N | Address status. Valid codes are: Blank = Unknown U = Undeliverable V = Verified |
| 197 | Contact Status | 1 | A/N | Contact status. Valid codes are: Blank = Unknown C = Can Contact M = May Not Contact |
| 198-210 | Account Principal Balance | 13 | NUM | Account principal balance. Format S9(11)V99. |
| 211-223 | Account Interest Amount | 13 | NUM | Account interest amount. Format S9(11)V99. |
| 224-236 | Account Administrative Costs | 13 | NUM | Account administrative costs. Format S9(11)V99. |
| 237-249 | Account Penalty Fees | 13 | NUM | Account penalty fees. Format S9(11)V99. |
| 250-262 | Account Accrued Interest | 13 | NUM | Account accrued interest. Format S9(11)V99. |
| 263-275 | Account Sum of Receipts | 13 | NUM | Account sum of receipts. Format S9(11)V99. |
| 276-288 | Account Additional Charges | 13 | NUM | Account additional charges. Format S9(11)V99. |

MAGNETIC TAPE/EFT FILE SPECIFICATIONS

Collection Agency Account Adjustment File - Account Record Type (continued)

| <u>Position</u> | <u>Field Title</u> | <u>Length</u> | <u>Mode</u> | <u>Description and Remarks</u> |
|-----------------|------------------------------|---------------|-------------|--|
| 289-302 | Account Total Balance | 14 | NUM | Account total balance. Format S9(12)V99. |
| 303-315 | Last Collection Amount | 13 | NUM | The last amount collected on the account. Format S9(11)V99. |
| 316-323 | Last Collection Date | 8 | A/N | The last collection date on the account. Format CCYYMMDD. |
| 324-328 | Number of Days Delinquent | 5 | NUM | The number of days the account has been delinquent. Values 00001-99999. |
| 329-333 | Number of Days Never Paid | 5 | NUM | The number of days the account has never been paid. Values 00001-99999. |
| 334-336 | Number of Debts | 3 | NUM | The number of debts the account contains, including any new debts. Values 001-999. |
| 337-340 | Filler | 4 | A/N | Spaces. |
| 341-350 | Work Phone Number | 10 | A/N | The area code and work telephone number of the account owner. |
| 351-360 | Home Phone Number | 10 | A/N | The area code and home telephone number of the account owner. |
| 361 | Relationship Flag | 1 | A/N | P = primary account |
| 362-555 | Filler | 194 | A/N | Spaces. |

COLLECTION AGENCY MAGNETIC TAPE/EFT FORMATS

Collection Agency Account Adjustment File - Account Record Type (continued)

| <u>Position</u> | <u>Field Title</u> | <u>Length</u> | <u>Mode</u> | <u>Description and Remarks</u> |
|-----------------|---------------------------------|---------------|-------------|--|
| 556-557 | Collection Agency Region Code | 2 | A/N | ED regional office code for the collection agency. Valid code is 04 = Atlanta. |
| 558-562 | Collection Agency Location Code | 5 | A/N | Collection Agency location code. Format AGnnn. |
| 563 | Account Type | 1 | A/N | Primary account type; valid codes are >S= or >E=. |
| 564-572 | Account Number | 9 | NUM | The primary account number (a valid Social Security number). Format 999999999. |

MAGNETIC TAPE/EFT FILE SPECIFICATIONS

Collection Agency Account Adjustment File - Debt Record Type

| <u>Position</u> | <u>Field Title</u> | <u>Length</u> | <u>Mode</u> | <u>Description and Remarks</u> |
|-------------------------|----------------------------|---------------|-------------|--|
| Debt Record Type | | | | |
| 1 | Record Type | 1 | A/N | D = debt record. |
| 2-9 | Last Interest Accrual Date | 8 | A/N | The last date interest accrued on the debt. Format CCYYMMDD. |
| 10 | Account Type | 1 | A/N | Primary account type; valid codes are >S= or >E=. |
| 11-19 | Account Number | 9 | NUM | The primary account number (a valid Social Security number). Format 999999999. |
| 20-27 | Debt Interest Rate | 8 | NUM | Debt interest rate. Format 99V9(6). |
| 28-33 | School Number | 6 | NUM | School number. Values 000001-999999. |
| 34-39 | Original Lender Number | 6 | NUM | Original lender number. Values 000001-999999. |
| 40-59 | Comaker Last Name | 20 | A/N | The comaker's last name, if present. |
| 60-79 | Comaker First Name | 20 | A/N | The comaker's first name, if present. |
| 80 | Comaker Account Type | 1 | A/N | The comaker=s account type, if present; valid codes are >S= or >E=. |
| 81-89 | Account Number | 9 | NUM | The comaker=s account number, if present (a valid Social Security number). Format 999999999. |

COLLECTION AGENCY MAGNETIC TAPE/EFT FORMATS

Collection Agency Account Adjustment File - Debt Record Type (continued)

| <u>Position</u> | <u>Field Title</u> | <u>Length</u> | <u>Mode</u> | <u>Description and Remarks</u> |
|-----------------|-----------------------------|---------------|-------------|---|
| 90-129 | Street | 40 | A/N | The street address of the comaker, if present. |
| 130-159 | City | 30 | A/N | The city of the comaker, if present. |
| 160-161 | State | 2 | A/N | The two-character USPS state abbreviation of the comaker, if present. |
| 162-170 | Zip Code | 9 | A/N | The zip code of the comaker, if present. |
| 171-183 | Original Amount of Debt | 13 | NUM | Original dollar amount of the debt. Format S9(11)V99. |
| 184-196 | Debt Principal Balance | 13 | NUM | Debt principal balance. Format S9(11)V99. |
| 197-209 | Debt Interest Amount | 13 | NUM | Debt interest amount. Format S9(11)V99. |
| 210-222 | Debt TOP Fees | 13 | NUM | Debt TOP fees. Format S9(11)V99. |
| 223-235 | Debt Collection Agency Fees | 13 | NUM | Debt collection agency fees applied. Format S9(11)V99. |
| 236-248 | Debt Other Fees | 13 | NUM | Debt other fees. Format S9(11)V99. |
| 249-261 | Debt Administrative Costs | 13 | NUM | Debt administrative costs. Format S9(11)V99. |
| 262-274 | Debt Penalty Fees | 13 | NUM | Debt penalty fees. Format S9(11)V99. |

MAGNETIC TAPE/EFT FILE SPECIFICATIONS

Collection Agency Account Adjustment File - Debt Record Type (continued)

| <u>Position</u> | <u>Field Title</u> | <u>Length</u> | <u>Mode</u> | <u>Description and Remarks</u> |
|-----------------|---------------------------------|---------------|-------------|--|
| 275-287 | Debt Total Balance | 13 | NUM | Debt total balance. Format S9(11)V99. |
| 288-292 | Debt Originating Agency | 5 | A/N | DMCS debt originating agency. Format AGnnn. |
| 293-308 | Debt ID Number | 16 | A/N | A logical value assigned by ED that uniquely identifies a debt within the DMCS. This ID does not change. |
| 309-316 | Debt Judgment Date | 8 | A/N | Debt judgment date. Format CCYYMMDD. |
| 317-324 | Debt Judgment Expiration Date | 8 | A/N | Debt judgment expiration date. Format CCYYMMDD. |
| 325-555 | Filler | 231 | A/N | Spaces. |
| 556-557 | Collection Agency Region Code | 2 | A/N | ED Regional Office code for the Collection Agency. Valid code is 04 = Atlanta. |
| 558-562 | Collection Agency Location Code | 5 | A/N | Collection Agency location code. Format AGnnn. |
| 563 | Account Type | 1 | A/N | Primary account type; valid codes are >S= or >E=. |
| 564-572 | Account Number | 9 | NUM | The primary account number (a valid Social Security number). Format 999999999. |

COLLECTION AGENCY MAGNETIC TAPE/EFT FORMATS

2.4.2. Collection Agency Account Recall File

This file is sent to the CA from ED to recall accounts from the agency.

Frequency: Weekly

| <u>Position</u> | <u>Field Title</u> | <u>Length</u> | <u>Mode</u> | <u>Description and Remarks</u> |
|-----------------|---------------------------------|---------------|-------------|---|
| 1-2 | Account Region Code | 2 | A/N | ED regional office code for the account. Valid codes are: 04 = Atlanta 05 = Chicago 09 = San Francisco. |
| 3-7 | Collection Agency Location Code | 5 | A/N | Collection agency location code. Format AGnnn. |
| 8-10 | Recall Reason Code | 3 | A/N | Account recall reason code. Valid codes are: BAN = Bankruptcy BNK = Chapter 13 Bankruptcy DIS = Disability DEA = Death LIT = Litigation PIF = Paid in Full UNL = Unlocateable UNE = Unenforceable WOM= Without Merit CPL = Complaint CPR = Compromise INA = Inability to Collect REQ = SFAP Request CER = Cost Exceeds Recovery CNS = Claim Not Substantiated CAN = Cancellation CLS = NDSL Closed School CSG = GSL Closed School Discharge |

MAGNETIC TAPE/EFT FILE SPECIFICATIONS

Collection Agency Account Recall File (continued)

| <u>Position</u> | <u>Field Title</u> | <u>Length</u> | <u>Mode</u> | <u>Description and Remarks</u> |
|-----------------|--------------------------|---------------|-------------|---|
| | | | | AT1 = Never Paid Status AT2 = Delinquency Status SUS = Suspended AT3 = Low Balance Account FDP = Federal Defaulter Account FDM = Federal Defaulter Mismatch CMK = Account/Debt Consolidation - Comaker CON = Account/Debt Consolidation FMA = File Maintenance Recall of an Account |
| 11-30 | Last Name | 20 | A/N | The account owner's last name. |
| 31-50 | First Name | 20 | A/N | The account owner's first name. |
| 51 | Account Type | 1 | A/N | The primary account type; valid codes are >S= or >E=. |
| 52-60 | Account Number | 9 | NUM | The primary account number (a valid Social Security number). Format 999999999. |
| 61-65 | Account Collector Number | 5 | A/N | Account collector number. |
| 66-73 | Recall Date | 8 | A/N | Account recall date. Format CCYYMMDD. |
| 74-80 | Filler | 7 | A/N | Spaces. |

COLLECTION AGENCY MAGNETIC TAPE/EFT FORMATS

2.4.3. Collection Agency Account Transfer File

This file is sent to the CA from ED to transfer accounts to the agency. The file comprises four different record types - the account, debt, payment and reference records.

Frequency: Bi-monthly

| <u>Position</u> | <u>Field Title</u> | <u>Length</u> | <u>Mode</u> | <u>Description and Remarks</u> |
|----------------------------|---------------------------------|---------------|-------------|--|
| Account Record Type | | | | |
| 1 | Record Type | 1 | A/N | A = primary account record C = comaker account record |
| 2-3 | Account Region Code | 2 | A/N | ED regional office code for the account. Valid codes are: 04 = Atlanta 05 = Chicago 09 = San Francisco. |
| 4-8 | Collection Agency Location Code | 5 | A/N | Collection agency location code. Format AGnnn. |
| 9 | Account Type | 1 | A/N | The primary account type if Record Type = A. Comaker account type if Record Type = C. |
| 10-18 | Account Number | 9 | NUM | Primary account number if Record Type = A. Comaker account number if Record Type = C. |
| 19-32 | Account IAN Key | 14 | A/N | An ED internal reference number. |
| 33-52 | Last Name | 20 | A/N | The account owner's last name. |
| 53-72 | First Name | 20 | A/N | The account owner's first name. |

MAGNETIC TAPE/EFT FILE SPECIFICATIONS

Collection Agency Account Transfer File - Account Record Type (continued)

| <u>Position</u> | <u>Field Title</u> | <u>Length</u> | <u>Mode</u> | <u>Description and Remarks</u> |
|-----------------|--------------------|---------------|-------------|--|
| 73-92 | Middle Name | 20 | A/N | The account owner's middle name, if applicable. |
| 93-112 | Previous Name | 20 | A/N | The account owner's previous name, if applicable. |
| 113-152 | Street | 40 | A/N | The street address of the account owner. |
| 153-182 | City | 30 | A/N | The city of the account owner. |
| 183-184 | State | 2 | A/N | The two-character USPS state abbreviation of the account owner. |
| 185-193 | Zip Code | 9 | A/N | The zip code of the account owner. |
| 194-195 | Address Source | 2 | A/N | Subsystem providing address information fields. Valid codes are: Blank = Unknown 03 = New Debts - Bad Address 10 = COMNET 20 = New Debts Load 30 = Audit 40 = HQ File Maintenance 45 = No IRS Match 46 = IRS Match (Alternate) 47 = IRS Current Match 48 = TOP 50 = ED Collector or NPC 55 = FMS/Treasury Collection Pilot |

COLLECTION AGENCY MAGNETIC TAPE/EFT FORMATS

Collection Agency Account Transfer File - Account Record Type (continued)

| <u>Position</u> | <u>Field Title</u> | <u>Length</u> | <u>Mode</u> | <u>Description and Remarks</u> |
|-----------------|---------------------------------|---------------|-------------|--|
| | | | | 70 = Collection Agency or Collection Contractor |
| | | | | 75 = USPS Address Change Service |
| 196 | Address Status | 1 | A/N | Address status. Valid codes are: Blank = Unknown U = Undeliverable V = Verified |
| 197 | Contact Status | 1 | A/N | Contact status. Valid codes are: Blank = Unknown C = Can Contact M = May Not Contact |
| 198-210 | Account Principal Balance | 13 | NUM | Account principal balance. Format S9(11)V99. |
| 211-223 | Account Interest Amount | 13 | NUM | Account interest amount. Format S9(11)V99. |
| 224-236 | Account Administrative Costs | 13 | NUM | Account administrative costs. Format S9(11)V99. |
| 237-249 | Account Penalty Fees | 13 | NUM | Account penalty fees. Format S9(11)V99. |
| 250-262 | Account Accrued Interest | 13 | NUM | Account accrued interest. Format S9(11)V99. |
| 263-275 | Account Sum of Receipts | 13 | NUM | Account sum of receipts. Format S9(11)V99. |
| 276-288 | Account Additional Charges | 13 | NUM | Account additional charges. Format S9(11)V99. |

MAGNETIC TAPE/EFT FILE SPECIFICATIONS

Collection Agency Account Transfer File - Account Record Type (continued)

| <u>Position</u> | <u>Field Title</u> | <u>Length</u> | <u>Mode</u> | <u>Description and Remarks</u> |
|-----------------|------------------------------|---------------|-------------|--|
| 289-302 | Account Total Balance | 14 | NUM | Account total balance. Format S9(12)V99. |
| 303-315 | Last Collection Amount | 13 | NUM | The last amount collected on the account. Format S9(11)V99. |
| 316-323 | Last Collection Date | 8 | A/N | The last collection date on the account. Format CCYYMMDD. |
| 324-328 | Number of Days Delinquent | 5 | NUM | The number of days the account has been delinquent. The number of days will equal zero if last collection date equals zero. Values 00001- 99999. |
| 329-333 | Number of Days Never Paid | 5 | NUM | The number of days the account has never been paid. Values 00001-99999. |
| 334-336 | Number of Debts | 3 | NUM | The number of debts the account contains. Values 001- 999. |
| 337-340 | TOP Status | 4 | A/N | TOP status. Format YY-S, where YY = the processing year. Valid values for S are: 0 = Pre-offset processing has not begun for year selected OR account not selected for pre-certification processing 1 = Account selected for pre- certification processing |

COLLECTION AGENCY MAGNETIC TAPE/EFT FORMATS

Collection Agency Account Transfer File - Account Record Type (continued)

| <u>Position</u> | <u>Field Title</u> | <u>Length</u> | <u>Mode</u> | <u>Description and Remarks</u> |
|-----------------|--------------------|---------------|-------------|---|
| | | | | 2 = Pre-certification processing completed by Treasury |
| | | | | 3 = 60-day notification was mailed |
| | | | | 4 = Certification pending acceptance by Treasury OR not accepted for certification by Treasury |
| | | | | 5 = Certified for offset with Treasury |
| | | | | 6 = Federal refund has been offset |
| | | | | 8 = Currently not certified |
| | | | | 9 = Removed from certification |
| 341-350 | Work Phone Number | 10 | A/N | The area code and work telephone number of the account owner. |
| 351-360 | Home Phone Number | 10 | A/N | The area code and home telephone number of the account owner. |
| 361 | Relationship Flag | 1 | A/N | P = primary account C = comaker account |
| 362-369 | Date of Birth | 8 | A/N | The date of birth of the primary or comaker account owner. Format CCYYMMDD. |
| 370-555 | Filler | 186 | A/N | Spaces. |

MAGNETIC TAPE/EFT FILE SPECIFICATIONS

Collection Agency Account Transfer File - Account Record Type (continued)

| <u>Position</u> | <u>Field Title</u> | <u>Length</u> | <u>Mode</u> | <u>Description and Remarks</u> |
|-----------------|---------------------------------|---------------|-------------|--|
| 556-557 | Collection Agency Region Code | 2 | A/N | ED regional office code for the collection agency. Valid code is 04 = Atlanta. |
| 558-562 | Collection Agency Location Code | 5 | A/N | Collection agency location code. Format AGnnn. |
| 563 | Account Type | 1 | A/N | The primary account type; valid codes are >S= or >E=. |
| 564-572 | Account Number | 9 | NUM | The primary account number (a valid Social Security number). Format 999999999. |

COLLECTION AGENCY MAGNETIC TAPE/EFT FORMATS

Collection Agency Account Transfer File - Debt Record Type

| <u>Position</u> | <u>Field Title</u> | <u>Length</u> | <u>Mode</u> | <u>Description and Remarks</u> |
|-----------------|----------------------------|---------------|-------------|--|
| 1 | Record Type | 1 | A/N | D = debt record. |
| 2-9 | Last Interest Accrual Date | 8 | A/N | The last date interest accrued on the debt. Format CCYYMMDD. |
| 10 | Account Type | 1 | A/N | The primary account type; valid codes are >S= or >E=. |
| 11-19 | Account Number | 9 | NUM | The primary account number (a valid Social Security number). Format 999999999. |
| 20-27 | Debt Interest Rate | 8 | NUM | Debt interest rate. Format 99V9(6). |
| 28-33 | School Number | 6 | NUM | School number. Values 000001-999999. |
| 34-39 | Original Lender Number | 6 | NUM | Original lender number. Values 000001-999999. |
| 40-59 | Comaker Last Name | 20 | A/N | The comaker's last name, if present. |
| 60-79 | Comaker First Name | 20 | A/N | The comaker's first name, if present. |
| 80 | Comaker Account Type | 1 | A/N | The comaker=s account type, if present. Valid codes are >S= or >E=. |
| 81-89 | Comaker Account Number | 9 | NUM | The comaker=s account number, if present (a valid Social Security number). Format 999999999. |

MAGNETIC TAPE/EFT FILE SPECIFICATIONS

Collection Agency Account Transfer File - Debt Record Type (continued)

| <u>Position</u> | <u>Field Title</u> | <u>Length</u> | <u>Mode</u> | <u>Description and Remarks</u> |
|-----------------|-----------------------------|---------------|-------------|---|
| 90-129 | Street | 40 | A/N | The street address of the comaker, if present. |
| 130-159 | City | 30 | A/N | The city of the comaker, if present. |
| 160-161 | State | 2 | A/N | The two-character USPS state abbreviation of the comaker, if present. |
| 162-170 | Zip Code | 9 | A/N | The zip code of the comaker, if present. |
| 171-183 | Original Amount of Debt | 13 | NUM | Original dollar amount of the debt. Format S9(11)V99. |
| 184-196 | Debt Principal Balance | 13 | NUM | Debt principal balance. Format S9(11)V99. |
| 197-209 | Debt Interest Amount | 13 | NUM | Debt interest amount. Format S9(11)V99. |
| 210-222 | Debt TOP Fees | 13 | NUM | Debt TOP fees. Format S9(11)V99. |
| 223-235 | Debt Collection Agency Fees | 13 | NUM | Debt collection agency fees applied. Format S9(11)V99. |
| 236-248 | Debt Other Fees | 13 | NUM | Debt other fees. Format S9(11)V99. |
| 249-261 | Debt Administrative Costs | 13 | NUM | Debt administrative costs. Format S9(11)V99. |
| 262-274 | Debt Penalty Fees | 13 | NUM | Debt penalty fees. Format S9(11)V99. |

COLLECTION AGENCY MAGNETIC TAPE/EFT FORMATS

Collection Agency Account Transfer File - Debt Record Type (continued)

| <u>Position</u> | <u>Field Title</u> | <u>Length</u> | <u>Mode</u> | <u>Description and Remarks</u> |
|-----------------|------------------------------------|---------------|-------------|--|
| 275-287 | Debt Total Balance | 13 | NUM | Debt total balance. Format S9(11)V99. |
| 288-292 | Debt Originating Agency | 5 | A/N | DMCS debt originating agency. Format XXnnn. |
| 293-308 | Debt ID Number | 16 | A/N | A logical value assigned by ED that uniquely identifies a debt within the DMCS. This ID does not change. |
| 294-299 | Debt Origin Date (redefinition) | 6 | NUM | Beginning of interest accrual when Last Interest Accrual Date is zero (CCYYMM). |
| 309-316 | Debt Judgment Date | 8 | A/N | Debt judgment date. Format CCYYMMDD. |
| 317-324 | Debt Judgment Expiration Date | 8 | NUM | Debt judgment expiration date. Format CCYYMMDD. |
| 325-555 | Filler | 231 | A/N | Spaces. |
| 556-557 | Collection Agency Region Code | 2 | A/N | ED regional office code for the collection agency. Valid code is 04 = Atlanta. |
| 558-562 | Collection Agency Location Code | 5 | A/N | Collection agency location code. Format AGnnn. |
| 563 | Account Type | 1 | A/N | The primary account type; valid codes are >S= or >E=. |
| 564-572 | Account Number | 9 | NUM | The primary account number (a valid Social Security number). Format 999999999. |

MAGNETIC TAPE/EFT FILE SPECIFICATIONS

Collection Agency Account Transfer File - Payment Record Type

| <u>Position</u> | <u>Field Title</u> | <u>Length</u> | <u>Mode</u> | <u>Description and Remarks</u> |
|-----------------|--------------------|---------------|-------------|---|
| 1 | Record Type | 1 | A/N | P = payment record |
| 2 | Account Type | 1 | A/N | The primary or comaker account type of the individual who made the payment. |
| 3-11 | Account Number | 9 | NUM | Primary or comaker account number of the individual who made the payment. |
| 12-19 | Date Received | 8 | A/N | Date the payment was received. Format CCYYMMDD. |
| 20-27 | Effective Date | 8 | A/N | Date payment became effective. Format CCYYMMDD. |
| 28-40 | Transaction Amount | 13 | NUM | Amount of the payment transaction. Format S9(11)V99. |
| 41-42 | Transaction Reason | 2 | A/N | Reason code for the financial transaction. Valid code is VO = voluntary. |
| 43 | Transaction Status | 1 | A/N | Transaction status code. Valid codes are: P = Processed M = Reported to MIDAS |
| 44-51 | Posting Date | 8 | A/N | Date the transaction was posted. Format CCYYMMDD. |

COLLECTION AGENCY MAGNETIC TAPE/EFT FORMATS

Collection Agency Account Transfer File - Payment Record Type (continued)

| <u>Position</u> | <u>Field Title</u> | <u>Length</u> | <u>Mode</u> | <u>Description and Remarks</u> |
|-----------------|---------------------------------|---------------|-------------|---|
| 52-53 | Transaction Type | 2 | A/N | Transaction type. Valid code is RG = regular payment. |
| 54-58 | Credited Site | 5 | A/N | Identification number of the agency credited with the collection. Format AGnnn. |
| 59-555 | Filler | 497 | A/N | Spaces |
| 556-557 | Collection Agency Region Code | 2 | A/N | ED regional office code for the collection agency. Valid code is 04 = Atlanta. |
| 558-562 | Collection Agency Location Code | 5 | A/N | Collection agency location code. Format AGnnn. |
| 563 | Account Type | 1 | A/N | The primary account type; valid codes are >S= or >E=. |
| 564-572 | Account Number | 9 | NUM | The primary account number (a valid Social Security number). Format 999999999. |

MAGNETIC TAPE/EFT FILE SPECIFICATIONS

Collection Agency Account Transfer File - Reference Record Type

| <u>Position</u> | <u>Field Title</u> | <u>Length</u> | <u>Mode</u> | <u>Description and Remarks</u> |
|-----------------|-----------------------------|---------------|-------------|---|
| 1 | Record Type | 1 | A/N | R = reference record |
| 2 | Account Type | 1 | A/N | Account type of the individual to which the reference pertains. |
| 3-11 | Account Number | 9 | NUM | Account number of the individual to which the reference pertains. |
| 12-14 | Reference Source #1 | 3 | A/N | First reference source code. Valid codes are: EMP = employer PAR = parent OTH = other |
| 15-34 | Reference Last Name #1 | 20 | A/N | The first reference's last name. |
| 35-54 | Reference First Name #1 | 20 | A/N | The first reference's first name. |
| 55-74 | Reference Middle Name #1 | 20 | A/N | The first reference's middle name, if applicable. |
| 75-114 | Reference Street Address #1 | 40 | A/N | The street address of the first reference. |
| 115-144 | Reference City #1 | 30 | A/N | The city of the first reference. |
| 145-146 | Reference State #1 | 2 | A/N | The two-character USPS state abbreviation of the first reference. |
| 147-155 | Reference Zip Code #1 | 9 | A/N | The zip code of the first reference. |

COLLECTION AGENCY MAGNETIC TAPE/EFT FORMATS

Collection Agency Account Transfer File - Reference Record Type (continued)

| <u>Position</u> | <u>Field Title</u> | <u>Length</u> | <u>Mode</u> | <u>Description and Remarks</u> |
|-----------------|--------------------------------|---------------|-------------|--|
| 156-165 | Reference Work Phone Number #1 | 10 | A/N | The area code and work telephone number of the first reference. |
| 166-175 | Reference Home Phone Number #1 | 10 | A/N | The area code and home telephone number of the first reference. |
| 176-178 | Reference Source #2 | 3 | A/N | Second reference source code. Valid codes are: EMP = employer PAR = parent OTH = other |
| 179-198 | Reference Last Name #2 | 20 | A/N | The second reference's last name. |
| 199-218 | Reference First Name #2 | 20 | A/N | The second reference's first name. |
| 219-238 | Reference Middle Name #2 | 20 | A/N | The second reference's middle name, if applicable. |
| 239-278 | Reference Street Address #2 | 40 | A/N | The street address of the second reference. |
| 279-308 | Reference City #2 | 30 | A/N | The city of the second reference. |
| 309-310 | Reference State #2 | 2 | A/N | The two-character USPS state abbreviation of the second reference. |
| 311-319 | Reference Zip Code #2 | 9 | A/N | The zip code of the second reference. |

MAGNETIC TAPE/EFT FILE SPECIFICATIONS

Collection Agency Account Transfer File - Reference Record Type (continued)

| <u>Position</u> | <u>Field Title</u> | <u>Length</u> | <u>Mode</u> | <u>Description and Remarks</u> |
|-----------------|--------------------------------|---------------|-------------|---|
| 320-329 | Reference Work Phone Number #2 | 10 | A/N | The area code and work telephone number of the second reference. |
| 330-339 | Reference Home Phone Number #2 | 10 | A/N | The area code and home telephone number of the second reference. |
| 340-342 | Reference Source #3 | 3 | A/N | Third reference source code. Valid codes are: EMP = employer PAR = parent OTH = other |
| 343-362 | Reference Last Name #3 | 20 | A/N | The third reference's last name. |
| 363-382 | Reference First Name #3 | 20 | A/N | The third reference's first name. |
| 383-402 | Reference Middle Name #3 | 20 | A/N | The third reference's middle name, if applicable. |
| 403-442 | Reference Street Address #3 | 40 | A/N | The street address of the third reference. |
| 443-472 | Reference City #3 | 30 | A/N | The city of the third reference. |
| 473-474 | Reference State #3 | 2 | A/N | The two-character USPS state abbreviation of the third reference. |
| 475-483 | Reference Zip Code #3 | 9 | A/N | The zip code of the third reference. |

COLLECTION AGENCY MAGNETIC TAPE/EFT FORMATS

Collection Agency Account Transfer File - Reference Record Type (continued)

| <u>Position</u> | <u>Field Title</u> | <u>Length</u> | <u>Mode</u> | <u>Description and Remarks</u> |
|-----------------|---------------------------------|---------------|-------------|--|
| 484-493 | Reference Work Phone Number #3 | 10 | A/N | The area code and work telephone number of the third reference. |
| 494-503 | Reference Home Phone Number #3 | 10 | A/N | The area code and home telephone number of the third reference. |
| 504-555 | Filler | 52 | A/N | Spaces. |
| 556-557 | Collection Agency Region Code | 2 | A/N | ED regional office code for the collection agency. Valid code is 04 = Atlanta. |
| 558-562 | Collection Agency Location Code | 5 | A/N | Collection agency location code. Format AGnnn. |
| 563 | Account Type | 1 | A/N | The primary account type; valid codes are >S= or >E=. |
| 564-572 | Account Number | 9 | NUM | The primary account number (a valid Social Security number). Format 999999999. |

MAGNETIC TAPE/EFT FILE SPECIFICATIONS

2.4.4. Collection Agency Address Extract File

This file is sent to the CA from ED to provide the agency with updated account address and phone information, **or updated reference address information.**

Frequency: Monthly

| <u>Position</u> | <u>Field Title</u> | <u>Length</u> | <u>Mode</u> | <u>Description and Remarks</u> |
|-----------------|---------------------------------|---------------|-------------|---|
| 1-2 | Extract Number | 2 | A/N | Extract record number. |
| 3 | Account Type | 1 | A/N | The primary account type; valid codes are >S= or >E=. |
| 4-12 | Account Number | 9 | NUM | The primary account number (a valid Social Security number). Format 999999999. |
| 13-17 | Collection Agency Location Code | 5 | A/N | Collection agency location code. Format AGnnn. |
| 18-22 | Account Collector Number | 5 | A/N | Account collector number. |
| 23-62 | Address Line 1 | 40 | A/N | The street address of the account owner or reference. |
| 63-102 | Address Line 2 | 40 | A/N | The address of the account owner or reference , if necessary. |
| 103-132 | City | 30 | A/N | The city of the account owner or reference. |
| 133-134 | State | 2 | A/N | The two-character USPS state abbreviation of the account owner or reference. |
| 135-154 | Reference Last Name | 20 | A/N | The last name of the reference, or spaces. |
| 155-164 | Reference First Name | 10 | A/N | The first name of the reference, or spaces. |

COLLECTION AGENCY MAGNETIC TAPE/EFT FORMATS

Collection Agency Address Extract File (continued)

| <u>Position</u> | <u>Field Title</u> | <u>Length</u> | <u>Mode</u> | <u>Description and Remarks</u> |
|-----------------|--------------------|---------------|-------------|--|
| 165-173 | Zip Code | 9 | A/N | The zip code of the account owner or reference . |
| 174-183 | Work Phone Number | 10 | A/N | The area code and work telephone number of the account owner. |
| 184-193 | Home Phone Number | 10 | A/N | The area code and home telephone number of the account owner. |
| 194-195 | Address Source | 2 | A/N | Subsystem providing address information fields. Valid codes are: Blank = Unknown 00 = Employer Reference Record 03 = New Debts - Bad Address 10 = COMNET 20 = New Debts Load 30 = Audit 40 = HQ File Maintenance 45 = No IRS Match 46 = IRS Match (Alternate) 47 = IRS Current Match 48 = TOP 50 = ED Collector or NPC 55 = FMS/Treasury Collection Pilot 70 = Collection Agency or Collection Contractor 75 = USPS Address Change Service |
| 196 | Address Status | 1 | A/N | Address status. Valid codes are: |

Collection Agency Address Extract File (continued)

MAGNETIC TAPE/EFT FILE SPECIFICATIONS

| <u>Position</u> | <u>Field Title</u> | <u>Length</u> | <u>Mode</u> | <u>Description and Remarks</u> |
|-----------------|--------------------|---------------|-------------|--|
| | | | | Blank = Unknown U = Undeliverable V = Verified |
| 197-204 | Address Date | 8 | A/N | Account address date. Format CCYYMMDD. |

COLLECTION AGENCY MAGNETIC TAPE/EFT FORMATS

2.4.5. Collection Agency Financial Transactions File

This file is sent to the CA from ED to update the agency with financial transactions processed by ED. This file comprises two record types - payment transaction records and payment detail records.

Frequency: Weekly

| <u>Position</u> | <u>Field Title</u> | <u>Length</u> | <u>Mode</u> | <u>Description and Remarks</u> |
|---------------------------|------------------------------------|---------------|-------------|--|
| 1 | Record Type | 1 | A/N | F = payment transaction. D = payment detail. |
| 2-6 | Collection Agency Location Code | 5 | A/N | Collection agency location code. Format AGnnn. |
| IF RECORD TYPE = F | | | | |
| 7 | Account Type | 1 | A/N | The primary account type; valid codes are >S= or >E=. |
| 8-16 | Account Number | 9 | NUM | The primary account number (a valid Social Security number). Format 999999999. |
| 17-30 | Account IAN Key | 14 | A/N | An internal reference number. |
| 31-38 | Date Received | 8 | A/N | Date transaction was received. Format CCYYMMDD. |
| 39-46 | Effective Date | 8 | A/N | Date transaction became effective. Format CCYYMMDD. |
| 47-53 | Transaction Amount | 7 | P | Transaction amount. Format S9(11)V99. |

MAGNETIC TAPE/EFT FILE SPECIFICATIONS

Collection Agency Financial Transactions File (continued)

| <u>Position</u> | <u>Field Title</u> | <u>Length</u> | <u>Mode</u> | <u>Description and Remarks</u> |
|-----------------|--------------------|---------------|-------------|--|
| 54-55 | Transaction Reason | 2 | A/N | Reason code for the financial transaction. Valid codes are: Blank = Unspecified BA = Bankruptcy BC = Bounced check CA = Closed account CB = Credit card chargeback CN = Consolidated loan CS = Closed School DE = Death DI = Debtor instruction DJ = Department of Justice DS = Disability EF = Eliminate fees FC = Foreign check FD = Federal defaulter FO = TOP H1 = Head-start 15% National Direct H2 = Head-start 15% Perkins IC = Inability to collect IF = Insufficient funds LR = Lender principal refund M1 = Military 12.5% National Defense M2 = Military 12.5% National Direct or Perkins NE = Not endorsed OT = Other PF = Student refund (w/ST) PF = Paid in full (w/WO) PS = Problem school (w/WO) PS = Payment stopped (w/BS) |

COLLECTION AGENCY MAGNETIC TAPE/EFT FORMATS

Collection Agency Financial Transactions File (continued)

| <u>Position</u> | <u>Field Title</u> | <u>Length</u> | <u>Mode</u> | <u>Description and Remarks</u> |
|-----------------|--------------------|---------------|-------------|--|
| | | | | RH = Rehabilitated loan RM = Refer to maker SD = Stale date SL = Statute of limitations SR = School principal refund ST = Refund adjustment from DOJ T1 = Teaching 10% National Defense T2 = Teaching 15% Low Income National Defense T3 = Teaching 15% Handicapped National Direct or Perkins T4 = Teaching 15/20/30% Low Income National Direct or Perkins T5 = Teaching 15/20/30% Handicapped National Direct or Perkins TC = Too costly UF = Uncollected funds UL = Unable to locate UN = Unenforceable V1 = Volunteered 15/20% Peace Corps Perkins V2 = Volunteer Domestic National Direct VO = Voluntary WG = Wage garnishment |
| 56 | Transaction Status | 1 | A/N | Transaction status code. Valid codes are: P = Processed M = Reported to MIDAS |

MAGNETIC TAPE/EFT FILE SPECIFICATIONS

Collection Agency Financial Transactions File (continued)

| <u>Position</u> | <u>Field Title</u> | <u>Length</u> | <u>Mode</u> | <u>Description and Remarks</u> |
|-----------------|-----------------------|---------------|-------------|--|
| 57-64 | Posting Date | 8 | A/N | Date the transaction was posted. Format CCYYMMDD. |
| 65-70 | Batch Sequence Number | 6 | NUM | Batch control sequence number. Values 000001-999999. |
| 71-72 | Transaction Type | 2 | A/N | Transaction type. Valid codes are: **AA = Account adjustment *AD = Administrative fees *BN = Bounced check *BS = Bounced check/stop CA = Cancellation of loan *CF = Collection agency fee CO = Compromise CR = Collection agency fee reversal CX = Cancellation of student refund check DP = Directed payment *FF = Federal fees *FR = Injured spouse claim **IA = Interest accrual *LS = Lender supplement transaction *PE = Penalty fees/bounced check RG = Regular payment RI = Reversal of TOP fee RP = Repurchase **RV = Reverse any transaction *SB = Bounced check/stop second bounce |

COLLECTION AGENCY MAGNETIC TAPE/EFT FORMATS

Collection Agency Financial Transactions File (continued)

| <u>Position</u> | <u>Field Title</u> | <u>Length</u> | <u>Mode</u> | <u>Description and Remarks</u> |
|-----------------|-------------------------|---------------|-------------|---|
| | | | | ST = Student refund **WO= Write-off * = this transaction type is an implied negative. The transaction amount sign should be reversed. ** = this transaction type may be positive or negative. The transaction amount sign should be reversed. |
| 73-84 | Transaction Item Number | 12 | A/N | Payment instrument number. |
| 85-89 | Credited Site | 5 | A/N | Transaction credited site. Format AGnnn. |
| 90-91 | Instrument Type | 2 | A/N | Transaction instrument type. Valid codes are: PY = Payment CA = Cash CC = Certified Check FC = Foreign Check KC = Cashier Check MC = Master Card MO = Money Order PC = Personal Check TC = Treasury Check TR = Travelers Check VS = Visa Card |
| 92-107 | Filler | 16 | A/N | Spaces. |

MAGNETIC TAPE/EFT FILE SPECIFICATIONS

Collection Agency Financial Transactions File (continued)

| <u>Position</u> | <u>Field Title</u> | <u>Length</u> | <u>Mode</u> | <u>Description and Remarks</u> |
|---------------------------|--------------------------|---------------|-------------|--|
| IF RECORD TYPE = D | | | | |
| 7 | Account Type | 1 | A/N | The primary account type; valid codes are >S= or >E=. |
| 8-16 | Account Number | 9 | NUM | The primary account number (a valid Social Security number). Format 999999999. |
| 17-32 | Debt ID Number | 16 | A/N | A logical value assigned by ED that uniquely identifies a debt within the DMCS. This ID does not change. |
| 33-40 | Filler | 8 | A/N | Spaces. |
| 41-47 | Detail Applied Principal | 7 | P | Applied principal balance. Format S9(11)V99. NOTE: If the 'D' record follows an 'F' record with an implied negative transaction type, the amount sign should be reversed. |
| 48-54 | Detail Applied Interest | 7 | P | Applied interest amount. Format S9(11)V99. NOTE: If the 'D' record follows an 'F' record with an implied negative transaction type, the amount sign should be reversed. |

COLLECTION AGENCY MAGNETIC TAPE/EFT FORMATS

Collection Agency Financial Transactions File (continued)

| <u>Position</u> | <u>Field Title</u> | <u>Length</u> | <u>Mode</u> | <u>Description and Remarks</u> |
|-----------------|---------------------------------------|---------------|-------------|---|
| 55-61 | Detail Applied TOP Fees | 7 | P | Applied TOP fees. Format S9(11)V99. NOTE: If the 'D' record follows an 'F' record with an implied negative transaction type, the amount sign should be reversed. |
| 62-68 | Detail Applied Collection Agency Fees | 7 | P | Applied collection agency fees. Format S9(11)V99. NOTE: If the 'D' record follows an 'F' record with an implied negative transaction type, the amount sign should be reversed. |
| 69-75 | Detail Applied Other Fees | 7 | P | Applied other fees. Format S9(11)V99. NOTE: If the 'D' record follows an 'F' record with an implied negative transaction type, the amount sign should be reversed. |
| 76-82 | Detail Applied Administrative Fees | 7 | P | Applied administrative fees. Format S9(11)V99. NOTE: If the 'D' record follows an 'F' record with an implied negative transaction type, the amount sign should be reversed. |

MAGNETIC TAPE/EFT FILE SPECIFICATIONS

Collection Agency Financial Transactions File (continued)

| <u>Position</u> | <u>Field Title</u> | <u>Length</u> | <u>Mode</u> | <u>Description and Remarks</u> |
|-----------------|-----------------------------|---------------|-------------|--|
| 83-89 | Detail Applied Penalty Fees | 7 | P | Applied penalty fees. Format S9(11)V99. NOTE: If the 'D' record follows an 'F' record with an implied negative transaction type, the amount sign should be reversed. |
| 90-107 | Filler | 18 | A/N | Spaces. |

COLLECTION AGENCY MAGNETIC TAPE/EFT FORMATS

2.4.6. Collection Agency Monthly Inventory File

This file is sent to the CA from ED to provide a means of reconciling the agency's records with ED's records. This file comprises two record types - account record and debt record.

Frequency: Monthly

| <u>Position</u> | <u>Field Title</u> | <u>Length</u> | <u>Mode</u> | <u>Description and Remarks</u> |
|--|---------------------------------|---------------|-------------|--|
| Detail Record Layout 1 (Account Data) | | | | |
| 1-2 | Record Indicator | 2 | A/N | '00' indicates account record. |
| 3-7 | Collection Agency Location Code | 5 | A/N | Collection agency location code. Format AGnnn. |
| 8-12 | Collector Number | 5 | A/N | Collector number. |
| 13 | Account Type | 1 | A/N | The primary account type; valid codes are >S= or >E=. |
| 14-22 | Account Number | 9 | NUM | The primary account number (a valid Social Security number). Format 999999999. |
| 23-42 | Last Name | 20 | A/N | The account owner's last name. |
| 43-62 | First Name | 20 | A/N | The account owner's first name. |
| 63-82 | Middle Name | 20 | A/N | The account owner's middle name, if applicable. |
| 83-95 | Account Balance | 13 | A/N | The account balance. Format S9(11)V99. |
| 96 | Previous Account Type | 1 | A/N | The previous account type; valid codes are >S= or >E=. |

MAGNETIC TAPE/EFT FILE SPECIFICATIONS

Collection Agency Monthly Inventory File (continued)

| <u>Position</u> | <u>Field Title</u> | <u>Length</u> | <u>Mode</u> | <u>Description and Remarks</u> |
|---|---------------------------------|---------------|-------------|--|
| 97-105 | Previous Account Number | 9 | NUM | The previous account number (a valid Social Security number). Format 999999999. |
| 106-197 | Filler | 92 | A/N | Spaces. |
| Detail Record Layout 2 (Debt Record) | | | | |
| 1-2 | Record Indicator | 2 | A/N | '01' through '99' indicates debt record. |
| 3-7 | Collection Agency Location Code | 5 | A/N | Collection Agency location code. Format AGnnn. |
| 8-12 | Collector Number | 5 | A/N | Collector number. |
| 13 | Account Type | 1 | A/N | The primary account type; valid codes are >S= or >E=. |
| 14-22 | Account Number | 9 | NUM | The primary account number (a valid Social Security number). Format 999999999. |
| 23-38 | Debt ID Number | 16 | A/N | A logical value assigned by ED that uniquely identifies a debt within the DMCS. This ID does not change. |
| 39-51 | Debt Principal | 13 | NUM | Debt principal balance. Format S9(11)V99. |
| 52-64 | Debt Interest | 13 | NUM | Debt interest amount. Format S9(11)V99. |

COLLECTION AGENCY MAGNETIC TAPE/EFT FORMATS

Collection Agency Monthly Inventory File (continued)

| <u>Position</u> | <u>Field Title</u> | <u>Length</u> | <u>Mode</u> | <u>Description and Remarks</u> |
|-----------------|-----------------------------|---------------|-------------|--|
| 65-77 | Debt TOP Fees | 13 | NUM | Debt TOP fees. Format S9(11)V99. |
| 78-90 | Debt Collection Agency Fees | 13 | NUM | Debt collection agency fees. Format S9(11)V99. |
| 91-103 | Debt Other Fees | 13 | NUM | Debt other fees. Format S9(11)V99. |
| 104-116 | Debt Administrative Costs | 13 | NUM | Debt administrative costs. Format S9(11)V99. |
| 117-129 | Debt Penalty Fees | 13 | NUM | Debt penalty fees. Format S9(11)V99. |
| 130-137 | Debt Last Collection Date | 8 | A/N | Debt last collection date. Format CCYYMMDD. |
| 138-150 | Debt Total Balance | 13 | NUM | Total debt balance. Format S9(11)V99. |
| 151-163 | Debt Accrued Interest | 13 | NUM | Interest accrued since last collection date. Format S9(11)V99. |
| 164-171 | Debt Interest Rate | 8 | NUM | Debt interest rate. Format 99V9(6). |
| 172-179 | Debt Collection Fee Cap | 8 | NUM | The collection fee cap for the debt. Format 99V9(6). |
| 180-197 | Filler | 18 | A/N | Spaces. |

MAGNETIC TAPE/EFT FILE SPECIFICATIONS

2.4.7. Collection Agency Wage Garnishment Extract File

This file is sent to the CA from ED to verify that the accounts the agency has on its computer are in sync with the accounts on the ED data base.

Note that when there are multiple debts in AWG for a borrower, there will be multiple records on the file with all fields the same, except the debt fields at the end of the record.

Frequency: Monthly

| <u>Position</u> | <u>Field Title</u> | <u>Length</u> | <u>Mode</u> | <u>Description and Remarks</u> |
|-----------------|---------------------------------|---------------|-------------|---|
| 1-5 | Collection Agency Location Code | 5 | A/N | Location code for the agency that owns the account. Format Agnnn. |
| 6-14 | Account Number | 9 | A/N | The borrower=s Social Security number. Format 999999999. |
| 15-34 | Last Name | 20 | A/N | The borrower=s last name. Left-justify and space fill. |
| 35-54 | First Name | 20 | A/N | The borrower=s first name. Left-justify and space fill. |
| 55 | Middle Initial | 1 | A/N | The borrower=s middle initial, if applicable. Left-justify and space fill. |
| 56-95 | Address Line 1 | 40 | A/N | The borrower=s street address. Left-justify and space fill. |
| 96-135 | Address Line 2 | 40 | A/N | Additional address information for the borrower. Left-justify and space fill. |
| 136-165 | City | 30 | A/N | The borrower=s city. Left-justify and space fill. |

COLLECTION AGENCY MAGNETIC TAPE/EFT FORMATS

Collection Agency AWG Extract File (continued)

| <u>Position</u> | <u>Field Title</u> | <u>Length</u> | <u>Mode</u> | <u>Description and Remarks</u> |
|-----------------|---------------------|---------------|-------------|--|
| 166-167 | State | 2 | A/N | The two-character USPS state abbreviation of the borrower. Left-justify and space fill. |
| 168-176 | Zip Code | 9 | A/N | The borrower=s zip code. Left-justify and space fill. |
| 177 | Address Status | 1 | A/N | Address status. Valid codes are: Blank = unknown U = undeliverable V = verified |
| 178-187 | Home Phone | 10 | A/N | The borrower=s home area code and telephone number. |
| 188-197 | Work Phone | 10 | A/N | The borrower=s work area code and telephone number. |
| 198-200 | Account Status Code | 3 | A/N | The borrower=s current account status code. Valid codes are: AWG = administrative wage garnishment CWG = cancel wage garnishment GAR = garnishment NLE = no longer employed SWG = stop wage garnishment VPY = voluntary payment WG1 = first letter was sent to the borrower |

MAGNETIC TAPE/EFT FILE SPECIFICATIONS

Collection Agency AWG Extract File (continued)

| <u>Position</u> | <u>Field Title</u> | <u>Length</u> | <u>Mode</u> | <u>Description and Remarks</u> |
|-----------------|--|---------------|--------------|---|
| 201-208 | Account Status Date | 8 | A/N | The borrower=s current account status date. Format CCYYMMDD. |
| 209 | Payment Mode | 1 | A/N | The borrower=s account current payment mode. Valid codes are: F = fixed V = variable Blank |
| 210 | Payment Schedule | 1 | A/N | The borrower=s payment schedule. Valid codes are: W = weekly B = bi-weekly M = monthly S = semi-monthly Q = quarterly Blank |
| 211-223 | Payment Amount | 13 | NUM | The amount expected to be received with each payment. Format 999999999999V99. |
| 224-236 | Employer Federal Identification Number | 13 | A/N nine- | Format >E= or >P= plus a digit number plus a three-digit number or all zeros. |
| 237-281 | Employer Company Name | 45 | A/N | The current employer=s company name. Left-justify and space fill. |
| 282-321 | Employer Address Line 1 | 40 | A/N | The current employer=s street address. Left-justify and space fill. |

COLLECTION AGENCY MAGNETIC TAPE/EFT FORMATS

Collection Agency AWG Extract File (continued)

| <u>Position</u> | <u>Field Title</u> | <u>Length</u> | <u>Mode</u> | <u>Description and Remarks</u> |
|-----------------|-------------------------|---------------|-------------|--|
| 322-361 | Employer Address Line 2 | 40 | A/N | The current employer=s additional address information. Left-justify and space fill. |
| 362-386 | Employer City | 25 | A/N | The current employer=s city. Left-justify and space fill. |
| 387-388 | Employer State | 2 | A/N | The current employer=s two-character USPS state abbreviation. |
| 389-397 | Employer Zip Code | 9 | A/N | The current employer=s zip code. Left-justify and space fill. |
| 398 | Employer Address Status | 1 | A/N | Employer=s address status. Valid codes are: Blank = deliverable U = undeliverable |
| 399-433 | Employer Contact Name | 35 | A/N | Name of the individual that should be contacted if payments are not received as expected. Left-justify and space fill. |
| 434-443 | Employer Phone | 10 | A/N | The contact=s area code and telephone number. Left-justify and space fill. |
| 444-453 | Employer Fax | 10 | A/N | The contact=s area code and fax number. Left-justify and space fill. |

MAGNETIC TAPE/EFT FILE SPECIFICATIONS

Collection Agency AWG Extract File (continued)

| <u>Position</u> | <u>Field Title</u> | <u>Length</u> | <u>Mode</u> | <u>Description and Remarks</u> |
|-----------------|-----------------------|---------------|-------------|--|
| 454 | Employer Address Type | 1 | A/N | <p>Employer=s type of address. Valid codes are:</p> <p>H = headquarters P = employer=s payroll office W = work location of debtor Blank = unknown</p> |
| 455-457 | Employer Status Code | 3 | A/N | <p>The employer=s current status code. Valid codes are</p> <p>AWG = administrative wage garnishment CWG = cancel wage garnishment FOR = force GAR = garnishment LPT = late payment of employer NCE = non-compliant employer NLE = no longer employed OW1 = order of withholding sent to employer OW2 = second notice of withholding sent to employer OWF = borrower failed to honor repayment agreement OWR = order of withholding a reduced amount sent to employer SWG = stop wage garnishment WG1 = first letter was sent to the borrower</p> |

COLLECTION AGENCY MAGNETIC TAPE/EFT FORMATS

Collection Agency AWG Extract File (continued)

| <u>Position</u> | <u>Field Title</u> | <u>Length</u> | <u>Mode</u> | <u>Description and Remarks</u> |
|-----------------|-------------------------|---------------|-------------|--|
| 458-465 | Employer Status Date | 8 | A/N | The employer=s current status code date. Format CCYYMMDD. |
| 466-468 | Current Letter Sent Out | 3 | A/N | The current letter that was sent. Valid letter types are: Y11, Y13, Z31, W32, X89. |
| 469-484 | Debt ID Key | 16 | A/N | The borrower=s debt ID. |
| 485-487 | Debt Current Status | 3 | A/N | The borrower=s current debt status code. Valid status codes are: |
| | | | | AWG = administrative wage garnishment |
| | | | | CWG = cancel wage garnishment |
| | | | | FOR = force |
| | | | | GAR = garnishment |
| | | | | HR1 = hearing decision overruled |
| | | | | HR2 = hearing decision sustained |
| | | | | HR3 = hardship agreement decision |
| | | | | HSF = hardship forms sent |
| | | | | LEX = legal exclusion |
| | | | | LPT = late payment of employer |
| | | | | NCE = non-compliant employer |
| | | | | NLE = no longer employed |
| | | | | OW1 = order of withholding sent to employer |
| | | | | OW2 = second notice of withholding sent to employer |

MAGNETIC TAPE/EFT FILE SPECIFICATIONS

Collection Agency AWG Extract File (continued)

| <u>Position</u> | <u>Field Title</u> | <u>Length</u> | <u>Mode</u> | <u>Description and Remarks</u> |
|-----------------|--------------------|---------------|-------------|---|
| | | | | OWF = borrower failed to honor repayment agreement OWR = order of withholding a reduced amount sent to employer SHR = scheduled hearing SWG = stop wage garnishment THR = timely hearing requested VPY = voluntary payment WG1 = first letter was sent to the borrower |
| 488-495 | Debt Status Date | 8 | A/N | The borrower=s current debt status code date. Format CCYYMMDD. |
| 496-498 | Debt Prior Status | 3 | A/N | The borrower=s prior debt status code. Valid status codes are: AWG = administrative wage garnishment CWG = cancel wage garnishment FOR = force GAR = garnishment HR1 = hearing decision overruled HR2 = hearing decision sustained HR3 = hardship agreement decision HSF = hardship forms sent LEX = legal exclusion LPT = late payment of employer |

COLLECTION AGENCY MAGNETIC TAPE/EFT FORMATS

Collection Agency AWG Extract File (continued)

| <u>Position</u> | <u>Field Title</u> | <u>Length</u> | <u>Mode</u> | <u>Description and Remarks</u> |
|-----------------|------------------------|---------------|-------------|--|
| | | | | NCE = non-compliant employer |
| | | | | NLE = no longer employed |
| | | | | OW1 = order of withholding sent to employer |
| | | | | OW2 = second notice of withholding sent to employer |
| | | | | OWF = borrower failed to honor repayment agreement |
| | | | | OWR = order of withholding a reduced amount sent to employer |
| | | | | SHR = scheduled hearing |
| | | | | SWG = stop wage garnishment |
| | | | | THR = timely hearing requested |
| | | | | VPY = voluntary payment |
| | | | | WG1 = first letter was sent to the borrower |
| 499-506 | Debt Prior Status Date | 8 | A/N | The borrower=s prior debt status code date. Format CCYYMMDD. |

MAGNETIC TAPE/EFT FILE SPECIFICATIONS

2.4.8. Collection Agency Account Reassignment File

This file is sent to the CA from ED to reassign accounts to the agency. The file comprises two different record types - the account and debt records.

Frequency: Bi-monthly

| <u>Position</u> | <u>Field Title</u> | <u>Length</u> | <u>Mode</u> | <u>Description and Remarks</u> |
|----------------------------|---------------------------------|---------------|-------------|--|
| Account Record Type | | | | |
| 1 | Record Type | 1 | A/N | A = primary account record C = comaker account record |
| 2-3 | Account Region Code | 2 | A/N | ED regional office code for the account. Valid codes are: 04 = Atlanta 05 = Chicago 09 = San Francisco. |
| 4-8 | Collection Agency Location Code | 5 | A/N | Collection agency location code. Format AGnnn. |
| 9 | Account Type | 1 | A/N | The primary account type if Record Type = A. Comaker account type if Record Type = C. |
| 10-18 | Account Number | 9 | NUM | Primary account number if Record Type = A. Comaker account number if Record Type = C. |
| 19-32 | Account IAN Key | 14 | A/N | An ED internal reference number. |
| 33-52 | Last Name | 20 | A/N | The account owner's last name. |

COLLECTION AGENCY MAGNETIC TAPE/EFT FORMATS

Collection Agency Account Reassignment File - Account Record Type (continued)

| <u>Position</u> | <u>Field Title</u> | <u>Length</u> | <u>Mode</u> | <u>Description and Remarks</u> |
|-----------------|--------------------|---------------|-------------|--|
| 53-72 | First Name | 20 | A/N | The account owner's first name. |
| 73-92 | Middle Name | 20 | A/N | The account owner's middle name, if applicable. |
| 93-112 | Previous Name | 20 | A/N | The account owner's previous name, if applicable. |
| 113-152 | Street | 40 | A/N | The street address of the account owner. |
| 153-182 | City | 30 | A/N | The city of the account owner. |
| 183-184 | State | 2 | A/N | The two-character USPS state abbreviation of the account owner. |
| 185-193 | Zip Code | 9 | A/N | The zip code of the account owner. |
| 194-195 | Address Source | 2 | A/N | Subsystem providing address information fields. Valid codes are: Blank = Unknown 03 = New Debts - Bad Address 10 = COMNET 20 = New Debts Load 30 = Audit 40 = HQ File Maintenance 45 = No IRS Match 46 = IRS Match (Alternate) 47 = IRS Current Match 48 = TOP 50 = ED Collector or NPC |

MAGNETIC TAPE/EFT FILE SPECIFICATIONS

Collection Agency Account Reassignment File - Account Record Type (continued)

| <u>Position</u> | <u>Field Title</u> | <u>Length</u> | <u>Mode</u> | <u>Description and Remarks</u> |
|-----------------|---------------------------------|---------------|-------------|--|
| | | | | 55 = FMS/Treasury Collection Pilot |
| | | | | 70 = Collection Agency or Collection Contractor |
| | | | | 75 = USPS Address Change Service |
| 196 | Address Status | 1 | A/N | Address status. Valid codes are: Blank = Unknown U = Undeliverable V = Verified |
| 197 | Contact Status | 1 | A/N | Contact status. Valid codes are: Blank = Unknown C = Can Contact M = May Not Contact |
| 198-210 | Account Principal Balance | 13 | NUM | Account principal balance. Format S9(11)V99. |
| 211-223 | Account Interest Amount | 13 | NUM | Account interest amount. Format S9(11)V99. |
| 224-236 | Account Administrative Costs | 13 | NUM | Account administrative costs. Format S9(11)V99. |
| 237-249 | Account Penalty Fees | 13 | NUM | Account penalty fees. Format S9(11)V99. |
| 250-262 | Account Accrued Interest | 13 | NUM | Account accrued interest. Format S9(11)V99. |

COLLECTION AGENCY MAGNETIC TAPE/EFT FORMATS

Collection Agency Account Reassignment File - Account Record Type (continued)

| <u>Position</u> | <u>Field Title</u> | <u>Length</u> | <u>Mode</u> | <u>Description and Remarks</u> |
|-----------------|------------------------------|---------------|-------------|---|
| 263-275 | Account Sum of Receipts | 13 | NUM | Account sum of receipts. Format S9(11)V99. |
| 276-288 | Account Additional Charges | 13 | NUM | Account additional charges. Format S9(11)V99. |
| 289-302 | Account Total Balance | 14 | NUM | Account total balance. Format S9(12)V99. |
| 303-315 | Last Collection Amount | 13 | NUM | The last amount collected on the account. Format S9(11)V99. |
| 316-323 | Last Collection Date | 8 | A/N | The last collection date on the account. Format CCYYMMDD. |
| 324-328 | Number of Days Delinquent | 5 | NUM | The number of days the account has been delinquent. The number of days will equal zero if last collection date equals zero. Values 00001- 99999. |
| 329-333 | Number of Days Never Paid | 5 | NUM | The number of days the account has never been paid. Values 00001-99999. |
| 334-336 | Number of Debts | 3 | NUM | The number of debts the account contains. Values 001- 999. |
| 337-340 | TOP Status | 4 | A/N | TOP status. Format YY-S, where YY = the processing year. Valid values for S are: |

MAGNETIC TAPE/EFT FILE SPECIFICATIONS

Collection Agency Account Reassignment File - Account Record Type (continued)

| <u>Position</u> | <u>Field Title</u> | <u>Length</u> | <u>Mode</u> | <u>Description and Remarks</u> |
|-----------------|--------------------|---------------|-------------|--|
| | | | | 0 = Pre-offset processing has not begun for year selected OR account not selected for pre-certification processing |
| | | | | 1 = Account selected for pre-certification processing |
| | | | | 2 = Pre-certification processing completed by Treasury |
| | | | | 3 = 60-day notification was mailed |
| | | | | 4 = Certification pending acceptance by Treasury OR not accepted for certification by Treasury |
| | | | | 5 = Certified for offset with Treasury |
| | | | | 6 = Federal refund has been offset |
| | | | | 8 = Currently not certified |
| | | | | 9 = Removed from certification |
| 341-350 | Work Phone Number | 10 | A/N | The area code and work telephone number of the account owner. |
| 351-360 | Home Phone Number | 10 | A/N | The area code and home telephone number of the account owner. |

COLLECTION AGENCY MAGNETIC TAPE/EFT FORMATS

Collection Agency Account Reassignment File - Account Record Type (continued)

| <u>Position</u> | <u>Field Title</u> | <u>Length</u> | <u>Mode</u> | <u>Description and Remarks</u> |
|-----------------|---------------------------------|---------------|-------------|--|
| 361 | Relationship Flag | 1 | A/N | P = primary account C = comaker account |
| 362-555 | Filler | 194 | A/N | Spaces. |
| 556-557 | Collection Agency Region Code | 2 | A/N | ED regional office code for the collection agency. Valid code is 04 = Atlanta. |
| 558-562 | Collection Agency Location Code | 5 | A/N | Collection agency location code. Format AGnnn. |
| 563 | Account Type | 1 | A/N | The primary account type; valid codes are >S= or >E=. |
| 564-572 | Account Number | 9 | NUM | The primary account number (a valid Social Security number). Format 999999999. |

MAGNETIC TAPE/EFT FILE SPECIFICATIONS

Collection Agency Account Reassignment File - Debt Record Type

| <u>Position</u> | <u>Field Title</u> | <u>Length</u> | <u>Mode</u> | <u>Description and Remarks</u> |
|-----------------|----------------------------|---------------|-------------|--|
| 1 | Record Type | 1 | A/N | D = debt record. |
| 2-9 | Last Interest Accrual Date | 8 | A/N | The last date interest accrued on the debt. Format CCYYMMDD. |
| 10 | Account Type | 1 | A/N | The primary account type; valid codes are >S= or >E=. |
| 11-19 | Account Number | 9 | NUM | The primary account number (a valid Social Security number). Format 999999999. |
| 20-27 | Debt Interest Rate | 8 | NUM | Debt interest rate. Format 99V9(6). |
| 28-33 | School Number | 6 | NUM | School number. Values 000001-999999. |
| 34-39 | Original Lender Number | 6 | NUM | Original lender number. Values 000001-999999. |
| 40-59 | Comaker Last Name | 20 | A/N | The comaker's last name, if present. |
| 60-79 | Comaker First Name | 20 | A/N | The comaker's first name, if present. |
| 80 | Comaker Account Type | 1 | A/N | The comaker=s account type, if present. Valid codes are >S= or >E=. |
| 81-89 | Comaker Account Number | 9 | NUM | The comaker=s account number, if present (a valid Social Security number). Format 999999999. |

COLLECTION AGENCY MAGNETIC TAPE/EFT FORMATS

Collection Agency Account Reassignment File - Debt Record Type (continued)

| <u>Position</u> | <u>Field Title</u> | <u>Length</u> | <u>Mode</u> | <u>Description and Remarks</u> |
|-----------------|-----------------------------|---------------|-------------|---|
| 90-129 | Street | 40 | A/N | The street address of the comaker, if present. |
| 130-159 | City | 30 | A/N | The city of the comaker, if present. |
| 160-161 | State | 2 | A/N | The two-character USPS state abbreviation of the comaker, if present. |
| 162-170 | Zip Code | 9 | A/N | The zip code of the comaker, if present. |
| 171-183 | Original Amount of Debt | 13 | NUM | Original dollar amount of the debt. Format S9(11)V99. |
| 184-196 | Debt Principal Balance | 13 | NUM | Debt principal balance. Format S9(11)V99. |
| 197-209 | Debt Interest Amount | 13 | NUM | Debt interest amount. Format S9(11)V99. |
| 210-222 | Debt TOP Fees | 13 | NUM | Debt TOP fees. Format S9(11)V99. |
| 223-235 | Debt Collection Agency Fees | 13 | NUM | Debt collection agency fees applied. Format S9(11)V99. |
| 236-248 | Debt Other Fees | 13 | NUM | Debt other fees. Format S9(11)V99. |
| 249-261 | Debt Administrative Costs | 13 | NUM | Debt administrative costs. Format S9(11)V99. |
| 262-274 | Debt Penalty Fees | 13 | NUM | Debt penalty fees. Format S9(11)V99. |

MAGNETIC TAPE/EFT FILE SPECIFICATIONS

Collection Agency Account Reassignment File - Debt Record Type (continued)

| <u>Position</u> | <u>Field Title</u> | <u>Length</u> | <u>Mode</u> | <u>Description and Remarks</u> |
|-----------------|------------------------------------|---------------|-------------|--|
| 275-287 | Debt Total Balance | 13 | NUM | Debt total balance. Format S9(11)V99. |
| 288-292 | Debt Originating Agency | 5 | A/N | DMCS debt originating agency. Format XXnnn. |
| 293-308 | Debt ID Number | 16 | A/N | A logical value assigned by ED that uniquely identifies a debt within the DMCS. This ID does not change. |
| 294-299 | Debt Origin Date (redefinition) | 6 | NUM | Beginning of interest accrual when Last Interest Accrual Date is zero (CCYYMM). |
| 309-316 | Debt Judgment Date | 8 | A/N | Debt judgment date. Format CCYYMMDD. |
| 317-324 | Debt Judgment Expiration Date | 8 | NUM | Debt judgment expiration date. Format CCYYMMDD. |
| 325-555 | Filler | 231 | A/N | Spaces. |
| 556-557 | Collection Agency Region Code | 2 | A/N | ED regional office code for the collection agency. Valid code is 04 = Atlanta. |
| 558-562 | Collection Agency Location Code | 5 | A/N | Collection agency location code. Format AGnnn. |
| 563 | Account Type | 1 | A/N | The primary account type; valid codes are >S= or >E=. |
| 564-572 | Account Number | 9 | NUM | The primary account number (a valid Social Security number). Format 999999999. |

APPENDIX A: LETTER TYPE CODES

COLLECTION AGENCY MAGNETIC TAPE/EFT FORMATS

Assigned Collection Agency Letter to ID Ranges

| | | | | | | | | | | | | | | | | | | | | | | | | | | |
|-----------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| AG404 | 00A | 00B | 00C | 00D | 00E | 00F | 00G | 00H | 00I | 00J | 00K | 00L | 00M | 00N | 00O | 00P | 00Q | 00R | 00S | 00T | 00U | 00V | 00W | 00X | 00Y | 00Z |
| AG404 | 01A | 01B | 01C | 01D | 01E | 01F | 01G | 01H | 01I | 01J | 01K | 01L | 01M | 01N | 01O | 01P | 01Q | 01R | 01S | 01T | 01U | 01V | 01W | 01X | 01Y | 01Z |
| AG406/546 | 02A | 02B | 02C | 02D | 02E | 02F | 02G | 02H | 02I | 02J | 02K | 02L | 02M | 02N | 02O | 02P | 02Q | 02R | 02S | 02T | 02U | 02V | 02W | 02X | 02Y | 02Z |
| AG406/546 | 03A | 03B | 03C | 03D | 03E | 03F | 03G | 03H | 03I | 03J | 03K | 03L | 03M | 03N | 03O | 03P | 03Q | 03R | 03S | 03T | 03U | 03V | 03W | 03X | 03Y | 03Z |
| AG412/552 | 04A | 04B | 04C | 04D | 04E | 04F | 04G | 04H | 04I | 04J | 04K | 04L | 04M | 04N | 04O | 04P | 04Q | 04R | 04S | 04T | 04U | 04V | 04W | 04X | 04Y | 04Z |
| AG412/552 | 05A | 05B | 05C | 05D | 05E | 05F | 05G | 05H | 05I | 05J | 05K | 05L | 05M | 05N | 05O | 05P | 05Q | 05R | 05S | 05T | 05U | 05V | 05W | 05X | 05Y | 05Z |
| AG418/558 | 06A | 06B | 06C | 06D | 06E | 06F | 06G | 06H | 06I | 06J | 06K | 06L | 06M | 06N | 06O | 06P | 06Q | 06R | 06S | 06T | 06U | 06V | 06W | 06X | 06Y | 06Z |
| AG418/558 | 07A | 07B | 07C | 07D | 07E | 07F | 07G | 07H | 07I | 07J | 07K | 07L | 07M | 07N | 07O | 07P | 07Q | 07R | 07S | 07T | 07U | 07V | 07W | 07X | 07Y | 07Z |
| AG420 | 08A | 08B | 08C | 08D | 08E | 08F | 08G | 08H | 08I | 08J | 08K | 08L | 08M | 08N | 08O | 08P | 08Q | 08R | 08S | 08T | 08U | 08V | 08W | 08X | 08Y | 08Z |
| AG420 | 09A | 09B | 09C | 09D | 09E | 09F | 09G | 09H | 09I | 09J | 09K | 09L | 09M | 09N | 09O | 09P | 09Q | 09R | 09S | 09T | 09U | 09V | 09W | 09X | 09Y | 09Z |
| AG421 | 10A | 10B | 10C | 10D | 10E | 10F | 10G | 10H | 10I | 10J | 10K | 10L | 10M | 10N | 10O | 10P | 10Q | 10R | 10S | 10T | 10U | 10V | 10W | 10X | 10Y | 10Z |
| AG421 | 11A | 11B | 11C | 11D | 11E | 11F | 11G | 11H | 11I | 11J | 11K | 11L | 11M | 11N | 11O | 11P | 11Q | 11R | 11S | 11T | 11U | 11V | 11W | 11X | 11Y | 11Z |
| AG423 | 12A | 12B | 12C | 12D | 12E | 12F | 12G | 12H | 12I | 12J | 12K | 12L | 12M | 12N | 12O | 12P | 12Q | 12R | 12S | 12T | 12U | 12V | 12W | 12X | 12Y | 12Z |
| AG423 | 13A | 13B | 13C | 13D | 13E | 13F | 13G | 13H | 13I | 13J | 13K | 13L | 13M | 13N | 13O | 13P | 13Q | 13R | 13S | 13T | 13U | 13V | 13W | 13X | 13Y | 13Z |
| AG424/564 | 14A | 14B | 14C | 14D | 14E | 14F | 14G | 14H | 14I | 14J | 14K | 14L | 14M | 14N | 14O | 14P | 14Q | 14R | 14S | 14T | 14U | 14V | 14W | 14X | 14Y | 14Z |
| AG424/564 | 15A | 15B | 15C | 15D | 15E | 15F | 15G | 15H | 15I | 15J | 15K | 15L | 15M | 15N | 15O | 15P | 15Q | 15R | 15S | 15T | 15U | 15V | 15W | 15X | 15Y | 15Z |
| AG427/567 | 18A | 18B | 18C | 18D | 18E | 18F | 18G | 18H | 18I | 18J | 18K | 18L | 18M | 18N | 18O | 18P | 18Q | 18R | 18S | 18T | 18U | 18V | 18W | 18X | 18Y | 18Z |
| AG427/567 | 19A | 19B | 19C | 19D | 19E | 19F | 19G | 19H | 19I | 19J | 19K | 19L | 19M | 19N | 19O | 19P | 19Q | 19R | 19S | 19T | 19U | 19V | 19W | 19X | 19Y | 19Z |
| AG428/568 | 20A | 20B | 20C | 20D | 20E | 20F | 20G | 20H | 20I | 20J | 20K | 20L | 20M | 20N | 20O | 20P | 20Q | 20R | 20S | 20T | 20U | 20V | 20W | 20X | 20Y | 20Z |
| AG428/568 | 21A | 21B | 21C | 21D | 21E | 21F | 21G | 21H | 21I | 21J | 21K | 21L | 21M | 21N | 21O | 21P | 21Q | 21R | 21S | 21T | 21U | 21V | 21W | 21X | 21Y | 21Z |
| AG429/569 | 22A | 22B | 22C | 22D | 22E | 22F | 22G | 22H | 22I | 22J | 22K | 22L | 22M | 22N | 22O | 22P | 22Q | 22R | 22S | 22T | 22U | 22V | 22W | 22X | 22Y | 22Z |
| AG429/569 | 23A | 23B | 23C | 23D | 23E | 23F | 23G | 23H | 23I | 23J | 23K | 23L | 23M | 23N | 23O | 23P | 23Q | 23R | 23S | 23T | 23U | 23V | 23W | 23X | 23Y | 23Z |
| AG436/576 | 24A | 24B | 24C | 24D | 24E | 24F | 24G | 24H | 24I | 24J | 24K | 24L | 24M | 24N | 24O | 24P | 24Q | 24R | 24S | 24T | 24U | 24V | 24W | 24X | 24Y | 24Z |
| AG436/576 | 25A | 25B | 25C | 25D | 25E | 25F | 25G | 25H | 25I | 25J | 25K | 25L | 25M | 25N | 25O | 25P | 25Q | 25R | 25S | 25T | 25U | 25V | 25W | 25X | 25Y | 25Z |
| AG537 | 26A | 26B | 26C | 26D | 26E | 26F | 26G | 26H | 26I | 26J | 26K | 26L | 26M | 26N | 26O | 26P | 26Q | 26R | 26S | 26T | 26U | 26V | 26W | 26X | 26Y | 26Z |
| AG537 | 27A | 27B | 27C | 27D | 27E | 27F | 27G | 27H | 27I | 27J | 27K | 27L | 27M | 27N | 27O | 27P | 27Q | 27R | 27S | 27T | 27U | 27V | 27W | 27X | 27Y | 27Z |
| AG538 | 28A | 28B | 28C | 28D | 28E | 28F | 28G | 28H | 28I | 28J | 28K | 28L | 28M | 28N | 28O | 28P | 28Q | 28R | 28S | 28T | 28U | 28V | 28W | 28X | 28Y | 28Z |
| AG538 | 29A | 29B | 29C | 29D | 29E | 29F | 29G | 29H | 29I | 29J | 29K | 29L | 29M | 29N | 29O | 29P | 29Q | 29R | 29S | 29T | 29U | 29V | 29W | 29X | 29Y | 29Z |
| AG540 | 30A | 30B | 30C | 30D | 30E | 30F | 30G | 30H | 30I | 30J | 30K | 30L | 30M | 30N | 30O | 30P | 30Q | 30R | 30S | 30T | 30U | 30V | 30W | 30X | 30Y | 30Z |
| AG540 | 31A | 31B | 31C | 31D | 31E | 31F | 31G | 31H | 31I | 31J | 31K | 31L | 31M | 31N | 31O | 31P | 31Q | 31R | 31S | 31T | 31U | 31V | 31W | 31X | 31Y | 31Z |
| AG542 | 32A | 32B | 32C | 32D | 32E | 32F | 32G | 32H | 32I | 32J | 32K | 32L | 32M | 32N | 32O | 32P | 32Q | 32R | 32S | 32T | 32U | 32V | 32W | 32X | 32Y | 32Z |
| AG542 | 33A | 33B | 33C | 33D | 33E | 33F | 33G | 33H | 33I | 33J | 33K | 33L | 33M | 33N | 33O | 33P | 33Q | 33R | 33S | 33T | 33U | 33V | 33W | 33X | 33Y | 33Z |
| AG544 | 34A | 34B | 34C | 34D | 34E | 34F | 34G | 34H | 34I | 34J | 34K | 34L | 34M | 34N | 34O | 34P | 34Q | 34R | 34S | 34T | 34U | 34V | 34W | 34X | 34Y | 34Z |
| AG544 | 35A | 35B | 35C | 35D | 35E | 35F | 35G | 35H | 35I | 35J | 35K | 35L | 35M | 35N | 35O | 35P | 35Q | 35R | 35S | 35T | 35U | 35V | 35W | 35X | 35Y | 35Z |
| AG571 | 36A | 36B | 36C | 36D | 36E | 36F | 36G | 36H | 36I | 36J | 36K | 36L | 36M | 36N | 36O | 36P | 36Q | 36R | 36S | 36T | 36U | 36V | 36W | 36X | 36Y | 36Z |
| AG571 | 37A | 37B | 37C | 37D | 37E | 37F | 37G | 37H | 37I | 37J | 37K | 37L | 37M | 37N | 37O | 37P | 37Q | 37R | 37S | 37T | 37U | 37V | 37W | 37X | 37Y | 37Z |
| AG573 | 38A | 38B | 38C | 38D | 38E | 38F | 38G | 38H | 38I | 38J | 38K | 38L | 38M | 38N | 38O | 38P | 38Q | 38R | 38S | 38T | 38U | 38V | 38W | 38X | 38Y | 38Z |
| AG573 | 39A | 39B | 39C | 39D | 39E | 39F | 39G | 39H | 39I | 39J | 39K | 39L | 39M | 39N | 39O | 39P | 39Q | 39R | 39S | 39T | 39U | 39V | 39W | 39X | 39Y | 39Z |
| AG575 | 40A | 40B | 40C | 40D | 40E | 40F | 40G | 40H | 40I | 40J | 40K | 40L | 40M | 40N | 40O | 40P | 40Q | 40R | 40S | 40T | 40U | 40V | 40W | 40X | 40Y | 40Z |
| AG575 | 41A | 41B | 41C | 41D | 41E | 41F | 41G | 41H | 41I | 41J | 41K | 41L | 41M | 41N | 41O | 41P | 41Q | 41R | 41S | 41T | 41U | 41V | 41W | 41X | 41Y | 41Z |
| AG577 | 42A | 42B | 42C | 42D | 42E | 42F | 42G | 42H | 42I | 42J | 42K | 42L | 42M | 42N | 42O | 42P | 42Q | 42R | 42S | 42T | 42U | 42V | 42W | 42X | 42Y | 42Z |
| AG577 | 43A | 43B | 43C | 43D | 43E | 43F | 43G | 43H | 43I | 43J | 43K | 43L | 43M | 43N | 43O | 43P | 43Q | 43R | 43S | 43T | 43U | 43V | 43W | 43X | 43Y | 43Z |

APPENDIX A: LETTER TYPE CODES
